



## Appointment of Director

Company Name: **ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS**

Company Number: **00518344**



Received for filing in Electronic Format on the: **22/01/2020**

**X8X6D56A**

### **New Appointment Details**

Date of Appointment: **16/01/2020**

Name: **MRS ANDREA ROBINSON**

The company confirms that the person named has consented to act as a director.

Service Address: **DAWN HOUSE SCHOOL HELMSLEY ROAD  
RAINWORTH  
MANSFIELD  
NOTTINGHAMSHIRE  
ENGLAND  
NG21 0DQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/05/1969**

Nationality: **BRITISH**

Occupation: **HEAD OF THERAPY**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**