Companies House

AP01 (ef)

Appointment of Director

X5XVKNDC

Company Name: **FELLOWSHIP OF POSTGRADUATE MEDICINE(THE)**

Company Number: **00721213**

Received for filing in Electronic Format on the: **11/01/2017**

New Appointment Details

Date of Appointment: **25/11/2016**

Name: **PROFESSOR JOHN ALLISTER VALE**

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

Service Address:
NPIS CITY HOSPITAL
DUDLEY ROAD
BIRMINGHAM
ENGLAND
B18 7QH

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1944**

Nationality: **BRITISH**

Occupation: **PHYSICIAN**

Former Names:

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.