



Termination of a Director Appointment

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

Company Number: **00721213**



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Termination Details

Date of termination: **20/04/2020**

Name: **PROFESSOR ALISON HALLIDAY**

Authorisation

Authenticated

This form was authorised by one of the following:

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