## AP01

## Appointment of director



You can use the WebFiling service to file this form online.

Please go to www companieshouse gov uk

✓ What this form is for You may use this form to appoint an individual as a director What this form is NOT for You cannot use the form to ε a corporate director To do th please use form APO2 'Appoi of corporate director'



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1	Company details		
Company number	3520281	→ Filling in this form Please complete in typescript or in	
Company name in full	The Academy of Medical Services	bold black capitals	
	0,	All fields are mandatory unless specified or indicated by *	
2	Date of director's appointment		
Date of appointment	0 3 T 2 12 10 10 19		
3	New director's details	• Former name(s)	
Title*	Professor	Please provide any previous names which have been used for business purposes in the past 20 years  Married women do not need to give former names unless previously used for business purposes	
Full forename(s)	MICHOLAS ROBERS		
Surname	LEMOINE		
Former name(s) •		Continue in section 6 if required	
Country/State of residence	UNITED KINGDOM	Country/State of residence This is in respect of your usual residential address as stated in Section 4a  Business occupation If you have a business occupation, please enter here If you do not, please leave blank	
Nationality			
Date of birth	1 1 1 m 2 y 1 y 9 y 5 y 7		
Business occupation (if any)			
4	New director's service address •		
	Please complete your service address below You must also complete your usual residential address in <b>Section 4a</b>	O Service address  This is the address that will appear on the public record This does not have to be your usual residential	
Building name/number	OLD ANATHY BUILDING		
Street	BARTS AND THE LONDON SCHOOL OF MADICINE	address  Please state 'The Company's	
	CHARTERIBUSE SQUARE	Registered Office' if your service address is recorded in the company's	
Post town	hodned	register of directors as the	
County/Region		company's registered office.  If you provide your residential	
Postcode	ECIM 6 BQ	address here it will appear on the public record	
Country	united kingdom		

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5	Signatures	
	I consent to act as director of the above named company	O Societas Europaea
New director's signature	X Dillinoha X	If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership  Person authorised Under either section 270 or 274 of the Companies Act 2006
Authorising signature	× H. M	
	This form may be signed and authorised by Director • , Secretary, Person authorised • , Administrator, Administrative Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor	
6	Additional former names (continued from Section 3)	
Former names		SAdditional former names Use this space to enter any additional names.
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