



Appointment of Director

Company Name: **THE UNIVERSITIES' CHAPLAINCY IN LEEDS TRUST**

Company Number: **03848337**



Received for filing in Electronic Format on the: **11/08/2020**

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New Appointment Details

Date of Appointment: **10/08/2020**

Name: **DR ADALBERTO ARRIGONI**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1982**

Nationality: **ITALIAN**

Occupation: **UNIVERSITY SENIOR LECTURER**

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