



## Termination of a Director Appointment

Company Name: **TROPICAL HEALTH AND EDUCATION TRUST**

Company Number: **05708871**



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### Termination Details

Date of termination: **31/12/2021**

Name: **PROFESSOR IRENE MAY LEIGH**

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### 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.