



**Notice of Individual Person  
with Significant Control**

Company Name: **THE ACADEMY OF MEDICAL EDUCATORS**

Company Number: **05965178**



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## Notification Details

Date that person became **21/04/2017**  
registrable:

Name: **PROFESSOR JACKY HAYDEN**

Service Address: **12 MERCERS ROAD  
HEYWOOD  
ENGLAND  
OL10 2NP**

Country/State Usually  
Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/12/1950**

Nationality: **UK**

## **Nature of control**

The person has the right to exercise, or actually exercises, significant influence or control over the company.

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## **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