



Appointment of Director

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

Company Number: **05965178**



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New Appointment Details

Date of Appointment: **28/04/2020**

Name: **DR CLAIRE JOANNE STOCKER**

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

Service Address: **MEDICAL SCHOOL, UNIVERSITY OF BUCKINGHAM
HUNTER STREET
BUCKINGHAM
BUCKS
ENGLAND
MK18 1EG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1970**

Nationality: **BRITISH**

Occupation: **UNIT LEAD, STUDENT AND STAFF SUPPORT LEAD MB CHB**

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