



## Appointment of Director

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

Company Number: **05965178**



Received for filing in Electronic Format on the: **12/10/2021**

XAEXTTEJ

### New Appointment Details

Date of Appointment: **12/10/2021**

Name: **DR LISA-JAYNE EDWARDS**

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

Service Address: **57 MONTAYNE ROAD  
CHESHUNT  
WALTHAM CROSS  
ENGLAND  
EN8 8LS**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/01/1994**

Nationality: **BRITISH**

Occupation: **DOCTOR**

## **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**