



Appointment of Director

Company Name: **HOLYPORT COLLEGE**

Company Number: **07930340**



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New Appointment Details

Date of Appointment: **18/02/2018**

Name: **MR WALTER BOYLE**

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

Service Address: **THE STABLES HOLYPORT COLLEGE
ASCOT ROAD
HOLYPORT
BERKSHIRE
ENGLAND
SL6 3LE**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1970**

Nationality: **BRITISH**

Occupation: **HEAD MASTER**

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