



## Appointment of Director

Company Name: **SHERBORNE AREA SCHOOLS' TRUST**

Company Number: **08130468**



Received for filing in Electronic Format on the: **24/02/2022**

XAYIT15T

### New Appointment Details

Date of Appointment: **23/09/2021**

Name: **MRS CLAIRE BEDDING**

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

Service Address: **SOVEREIGNS POUND ROAD  
THORNFORD  
SHERBORNE  
DORSET  
ENGLAND  
DT9 6QB**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/08/1973**

Nationality: **BRITISH**

Occupation: **TRUSTEE**

## **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**