



Companies House

AP01 (ef)

Appointment of Director



X4HM3600

Company Name: **LEICESTER COLLEGE APPRENTICESHIP TRAINING AGENCY LIMITED**

Company Number: **08275867**

Received for filing in Electronic Format on the: **08/10/2015**

New Appointment Details

Date of Appointment: **01/08/2015**

Name: **MS JILL WELLS**

Consented to Act: **YES**

Service Address: **LEICESTER COLLEGE FREEMEN'S PARK CAMPUS
AYLESTONE ROAD
LEICESTER
ENGLAND
LE2 7LW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **29/10/1956**

Nationality: **BRITISH**

Occupation: **MANAGEMENT CONSULTANT**

Former Names:

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.