



**Appointment of Director**



X3ZL3MBT

*Company Name:* **C.H.E.L.S.E.A. CENTER of HEALTH - EDUCATION SWISS EUROPE  
AGENCY TRAVEL Ltd**

*Company Number:* **08706540**

*Received for filing in Electronic Format on the:* **21/01/2015**

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*New Appointment Details*

*Date of Appointment:* **21/01/2015**

*Name:* **ANGELA RITA GRUNE-ZOLK**

*Consented to Act:* **YES**

*Service Address:* **KAISERSTRASSE 5  
BLAUFELDEN  
GERMANY  
74572**

*Country/State Usually Resident:* **GERMANY**

*Date of Birth:* **25/09/1953**

*Nationality:* **GERMAN**

*Occupation:* **DIRECTOR**

## *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.