



## Appointment of Director

Company Name: **A1 SOCIAL CARE TRAINING LIMITED**

Company Number: **08919162**



Received for filing in Electronic Format on the: **27/04/2021**

XA3BEQ1K

### New Appointment Details

Date of Appointment: **18/04/2021**

Name: **MR AARON ALEC CHURCHYARD**

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

Service Address: **1 COOPERS ROAD  
MARTLESHAM HEATH  
IPSWICH  
ENGLAND  
IP5 3SJ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/04/1988**

Nationality: **BRITISH**

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**