



Appointment of Director

Company Name: **THRIVE CO-OPERATIVE LEARNING TRUST**

Company Number: **10375776**



Received for filing in Electronic Format on the: **19/10/2023**

XCEI6LSH

New Appointment Details

Date of Appointment: **19/10/2023**

Name: **MR MARTIN LENNON**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/04/1987**

Nationality: **BRITISH**

Occupation: **DEPUTY DIRECTOR FOR CHILDREN'S COMMISSIONER**

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