



## Appointment of Director

Company Name: **WOLDS LEARNING PARTNERSHIP**

Company Number: **10518602**



Received for filing in Electronic Format on the: **14/06/2021**

XA6LZUBN

### New Appointment Details

Date of Appointment: **10/06/2021**

Name: **MR CHRISTOPHER ROBERT KEELER**

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: **ENGLAND**

Date of Birth: **\*\*/12/1950**

Nationality: **BRITISH**

Occupation: **RETIRED**

## **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**