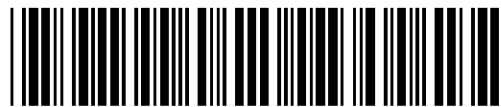




Appointment of Director

Company Name: **FACULTY OF MEDICAL LEADERSHIP AND MANAGEMENT**

Company Number: **11390175**



Received for filing in Electronic Format on the: **16/12/2019**

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New Appointment Details

Date of Appointment: **16/12/2019**

Name: **PROFESSOR MAYUR LAKHANI**

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: ****/04/1960**

Nationality: **BRITISH**

Occupation: **DOCTOR OF MEDICINE (GP)**

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