



**Appointment of Director**

Company Name: **Quantum Claims Compensation Specialists Limited**

Company Number: **SC110105**



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## **New Appointment Details**

Date of Appointment: **21/09/2021**

Name: **MISS TRACEY CATHERINE LEFEVRE**

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

Service Address: **40 CARDEN PLACE  
ABERDEEN  
SCOTLAND  
AB10 1UP**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/08/1961**

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**