



Appointment of Director

Company Name: **FELLOWSHIP OF POSTGRADUATE MEDICINE(THE)**

Company Number: **00721213**



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XA95CAPE

New Appointment Details

Date of Appointment: **26/05/2021**

Name: **PHD KEN REDEKOP**

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

Service Address: **6 KINDERBUURT
SCHIEDAM
NETHERLANDS
3111PW**

Country/State Usually Resident: **NETHERLANDS**

Date of Birth: ****/10/1960**

Nationality: **CANADIAN**

Occupation: **ASSOCIATE PROFESSOR**

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