



## Appointment of Director

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

Company Number: **00721213**



Received for filing in Electronic Format on the: **12/04/2024**

XD0V8RIB

### New Appointment Details

Date of Appointment: **27/02/2024**

Name: **DR NEIL DEWHURST**

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: **SCOTLAND**

Date of Birth: **\*\*/09/1952**

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**