



Appointment of Director

Company Name: **Cornwall and Isles of Scilly Local Enterprise Partnership Limited**

Company Number: **07471437**



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New Appointment Details

Date of Appointment: **16/05/2018**

Name: **MR DAVID ALAN JOHN WALROND**

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

Service Address: **TRURO AND PENWITH COLLEGE COLLEGE ROAD
TRURO
UNITED KINGDOM
TR1 3XX**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/06/1958**

Nationality: **BRITISH**

Occupation: **COLLEGE PRINCIPAL**

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