



Appointment of Director



X4JFA5G9

Company Name: **Inter-County Ambulance Service Ltd.**

Company Number: **01085107**

Received for filing in Electronic Format on the: **03/11/2015**

New Appointment Details

Date of Appointment: **01/07/2015**

Name: **MRS CAROLE SARAH PARSLOW**

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

Service Address: **THE AMBULANCE STATION GRAVEL HILL
CHALFONT ST PETER
BUCKINGHAMSHIRE
ENGLAND
SL9 9QX**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1968**

Nationality: **BRITISH**

Occupation: **COMPANY 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.