



Appointment of Director

Company Name: **COLLEGE OF TRICHOLOGICAL SCIENCE & PRACTICE C.I.C.**

Company Number: **12567751**



Received for filing in Electronic Format on the: **04/06/2020**

X96IU71S

New Appointment Details

Date of Appointment: **01/06/2020**

Name: **MRS ZOË ROSSLYN PASSAM**

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

Service Address: **ADAIR COTTAGE LAVINGTON PARK
PETWORTH
ENGLAND
GU28 0ND**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1981**

Nationality: **BRITISH**

Occupation: **TRICHOLOGIST**

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