



**Appointment of Director**

Company Name: **THE COLLEGE EQUESTRIAN LIMITED**

Company Number: **06935305**



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## **New Appointment Details**

Date of Appointment: **01/01/2019**

Name: **KAREN GRAY**

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: **ENGLAND**

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

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