



**Appointment of Director**

Company Name: **TLC HEALTH LTD**

Company Number: **09992891**



Received for filing in Electronic Format on the: **14/09/2020**

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## **New Appointment Details**

Date of Appointment: **10/08/2020**

Name: **MR PETER SMITH**

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

Service Address: **22 SWALLOWCLIFFE GARDENS  
YEOVIL  
ENGLAND  
BA20 1DQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/10/1976**

Nationality: **BRITISH**

Occupation: **RECRUITMENT CONSULTANT**

## 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