



**Confirmation Statement**

Company Name: **PHYSIOTHERAPY CONSULTANTS LIMITED**

Company Number: **05297575**



Received for filing in Electronic Format on the: **02/11/2016**

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Company Name: **PHYSIOTHERAPY CONSULTANTS LIMITED**

Company Number: **05297575**

Confirmation **01/11/2016**

Statement date:

## Statement of Capital (Share Capital)

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|                         |                 |                          |          |
|-------------------------|-----------------|--------------------------|----------|
| <b>Class of Shares:</b> | <b>ORDINARY</b> | Number allotted          | <b>2</b> |
| Currency:               | <b>GBP</b>      | Aggregate nominal value: | <b>2</b> |

Prescribed particulars

**ALL SHARES ISSUED ARE NON-REDEEMABLE AND RANK EQUALLY IN TERMS OF (A) VOTING RIGHTS - ONE VOTE FOR EACH SHARE; (B) RIGHTS TO PARTICIPATE IN ALL APPROVED DIVIDEND DISTRIBUTIONS FOR THAT CLASS OF SHARE; AND (C) RIGHTS TO PARTICIPATE IN ANY CAPITAL DISTRIBUTION ON WINDING UP**

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## Statement of Capital (Totals)

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|           |            |                                |          |
|-----------|------------|--------------------------------|----------|
| Currency: | <b>GBP</b> | Total number of shares:        | <b>2</b> |
|           |            | Total aggregate nominal value: | <b>2</b> |
|           |            | Total aggregate amount unpaid: | <b>0</b> |

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

Date that person became **06/04/2016**  
registrable:

Name: **NATASHA JANE PRICE**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**  
Resident:

Date of Birth: **\*\*/02/1969**

Nationality: **BRITISH**

### Nature of control

The person holds, directly or indirectly, 75% or more of the shares in the company.

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,  
Judicial Factor