

### **Confirmation Statement**

Company Name: BRADFORD CHIROPRACTIC CLINIC LIMITED

Company Number: 05357147

Received for filing in Electronic Format on the: 23/02/2017

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Company Name: BRADFORD CHIROPRACTIC CLINIC LIMITED

Company Number: 05357147

Confirmation **08/02/2017** 

Statement date:

## **Statement of Capital (Share Capital)**

Class of Shares: ORDINARY Number allotted 100

Currency: GBP Aggregate nominal value: 100

Prescribed particulars

A SHAREHOLDER HAS VOTING RIGHTS AND A RIGHT TO DIVIDENDS.

| Statement of Capital (Totals) |     |                         |     |  |  |  |  |
|-------------------------------|-----|-------------------------|-----|--|--|--|--|
| Currency:                     | GBP | Total number of shares: | 100 |  |  |  |  |
|                               |     | Total aggregate nominal | 100 |  |  |  |  |
|                               |     | value:                  |     |  |  |  |  |
|                               |     | Total aggregate amount  | 100 |  |  |  |  |
|                               |     | unpaid:                 |     |  |  |  |  |

### **Persons with Significant Control (PSC)**

#### **PSC** notifications

#### **Notification Details**

Date that person became 06/04/2016

registrable:

Name: JACQUELINE ANN DAVIS

Service Address: ARCHWAY HOUSE 24 SWAN ROAD

HARROGATE ENGLAND HG1 2SA

Country/State Usually

Resident:

**UNITED KINGDOM** 

Date of Birth: \*\*/04/1966

Nationality: BRITISH

#### Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

#### **Notification Details**

Date that person became 06/04/2016

registrable:

Name: PETER DAVIS

Service Address: ARCHWAY HOUSE 24 SWAN ROAD

HARROGATE ENGLAND HG1 2SA

Country/State Usually

Resident:

**UNITED KINGDOM** 

Date of Birth: \*\*/07/1959

Nationality: BRITISH

#### Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

### **Confirmation Statement**

| Commination 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 |  |  |  |  |  |  |  |  |
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# **Authorisation**

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| $\sim$ 1 |     |    |     |                 |        |

This form was authorised by one of the following:

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