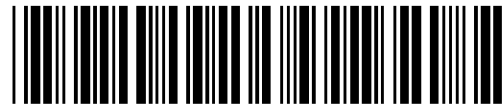




**Notice of Individual Person
with Significant Control**

Company Name: **The Health Insurance Consultants Limited**

Company Number: **06939693**



Received for filing in Electronic Format on the: **27/06/2017**

X69FUXAW

Notification Details

Date that person became **01/07/2016**
registrable:

Name: **MRS TRACEY JOANNE CARROLL**

Service Address: **C/O FIELD END HOLLYDENE
64 NOAK HILL ROAD
BILLERICAY
ESSEX
ENGLAND
CM12 9UG**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/11/1960**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the company.

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