



**Notice of Individual Person  
with Significant Control**

Company Name: **Beacon House Psychological Services Limited**

Company Number: **09205920**



Received for filing in Electronic Format on the: **31/03/2022**

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## Notification Details

Date that person became **21/03/2022**  
registrable:

Name: **MR OLIVER CHARLES BOWLES**

Service Address: **AD5 LITTLEHAMPTON MARINA FERRY ROAD  
LITTLEHAMPTON  
WEST SUSSEX  
ENGLAND  
BN17 5DS**

Country/State Usually  
Resident: **ENGLAND**

Date of Birth: **\*\*/01/1981**

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.

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

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## **Register entry date**

Register entry date      **21/03/2022**

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## **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