



Companies House

# CS01<sub>(ef)</sub>

## Confirmation Statement

Company Name: **Hays Social Care Limited**

Company Number: **03328304**



Received for filing in Electronic Format on the: **13/10/2017**

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Company Name: **Hays Social Care Limited**

Company Number: **03328304**

Confirmation **05/10/2017**

Statement date:

## Statement of Capital (Share Capital)

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|                  |          |                          |       |
|------------------|----------|--------------------------|-------|
| Class of Shares: | ORDINARY | Number allotted          | 10000 |
| Currency:        | GBP      | Aggregate nominal value: | 10000 |

Prescribed particulars

**SUBJECT TO ANY RIGHTS OR RESTRICTIONS ATTACHED TO ANY SHARES, ON A SHOW OF HANDS EVERY MEMBER WHO (BEING AN INDIVIDUAL) IS PRESENT IN PERSON OR BY PROXY OR (BEING A CORPORATION) IS PRESENT BY A DULY AUTHORISED REPRESENTATIVE OR BY PROXY, UNLESS THE PROXY (IN EITHER CASE) OR THE REPRESENTATIVE IS HIMSELF A MEMBER ENTITLED TO VOTE, SHALL HAVE ONE VOTE AND ON A POLL EVERY MEMBER SHALL HAVE ONE FOR EVERY SHARE OF WHICH HE IS THE HOLDER. IN THE CASE OF JOINT HOLDERS THE VOTE OF THE SENIOR WHO TENDERS A VOTE, WHETHER IN PERSON OR BY PROXY, SHALL BE ACCEPTED TO THE EXCLUSION OF THE VOTES OF THE OTHER JOINT HOLDERS; AND SENIORITY SHALL BE DETERMINED BY THE ORDER IN WHICH THE NAMES OF THE HOLDERS STAND IN THE REGISTER OF MEMBERS. NO MEMBER SHALL VOTE AT ANY GENERAL MEETING OR AT ANY SEPARATE MEETING OF THE HOLDERS OF ANY CLASS OF SHARES IN THE COMPANY, EITHER IN PERSON OR BY PROXY, IN RESPECT OF ANY SHARE HELD BY HIM UNLESS ALL MONEYS PRESENTLY PAYABLE BY HIM IN RESPECT OF THAT SHARE HAVE BEEN PAID. SHAREHOLDERS ARE ALSO ENTITLED TO RECEIVE ANY DIVIDENDS THAT HAVE BEEN LAWFULLY DECLARED AND TO PARTICIPATE IN A DISTRIBUTION UPON WINDING UP OF THE COMPANY.**

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## Statement of Capital (Totals)

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|           |     |                                |       |
|-----------|-----|--------------------------------|-------|
| Currency: | GBP | Total number of shares:        | 10000 |
|           |     | Total aggregate nominal value: | 10000 |
|           |     | Total aggregate amount unpaid: | 0     |

## **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