



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **SPECIAL RISKS INSURANCE BROKERS LIMITED**

Company Number: **03434824**



Received for filing in Electronic Format on the: **06/05/2021**

XA3XEH43

Company Name: **SPECIAL RISKS INSURANCE BROKERS LIMITED**

Company Number: **03434824**

Confirmation **06/05/2021**

Statement date:

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **13000 transferred on 2021-04-29**
0 ORDINARY shares held as at the date of this confirmation statement
Name: **CREDIT SUISSE SERVIZI FIDUCIARI SRL**

Shareholding 2: **62000 ORDINARY shares held as at the date of this confirmation statement**
Name: **SRGH 2 LIMITED**

Shareholding 3: **36000 ORDINARY shares held as at the date of this confirmation statement**
Name: **EUROGLOBAL LIMITED**

Shareholding 4: **39000 ORDINARY shares held as at the date of this confirmation statement**
Name: **M3F HOLDING LIMITED**

Shareholding 5: **20000 ORDINARY shares held as at the date of this confirmation statement**
Name: **TOTAL RISK MANAGEMENT LIMITED**

Shareholding 6: **30000 ORDINARY shares held as at the date of this confirmation statement**
Name: **INSERT SPA**

Shareholding 7: **13000 ORDINARY shares held as at the date of this confirmation statement**
Name: **PAOLA BIGGIO**

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