



Confirmation Statement

Company Name: **HEALTHCARE CAPITAL PARTNERS LIMITED**

Company Number: **03468213**



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Company Name: **HEALTHCARE CAPITAL PARTNERS LIMITED**

Company Number: **03468213**

Confirmation **13/11/2016**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	1
Currency:	GBP	Aggregate nominal value:	1

Prescribed particulars

ANY SHARE MAY BE ISSUED WITH SUCH RIGHTS OR RESTRICTIONS AS THE COMPANY MAY BY ORDINARY RESOLUTION DETERMINE. SHARES MAY BE ISSUED WHICH ARE TO BE REDEEMED OR ARE TO BE LIABLE TO BE REDEEMED AT THE OPTION OF THE COMPANY OR THE HOLDER ON SUCH TERMS AND IN SUCH MANNER AS MAY BE PROVIDED BY THE ARTICLES. THE COMPANY MAY EXERCISE THE POWERS OF PAYING COMMISSIONS CONFERRED BY THE ACT. SUBJECT TO THE PROVISIONS OF THE ACT ANY SUCH COMMISSION MAY BE SATISFIED BY THE PAYMENT OF CASH OR BY THE ALLOTMENT OF FULLY OR PARTLY PAID SHARES OR PARTLY IN ONE WAY AND PARTLY IN THE OTHER. EXCEPT AS REQUIRED BY LAW, NO PERSON SHALL BE RECOGNISED BY THE COMPANY AS HOLDING ANY SHARE UPON ANY TRUST AND (EXCEPT AS OTHERWISE PROVIDED BY THE ARTICLES OR BY LAW) THE COMPANY SHALL NOT BE BOUND BY OR RECOGNISE ANY INTEREST IN ANY SHARE EXCEPT AN ABSOLUTE RIGHT TO THE ENTIRETY THEREOF IN THE HOLDER.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1
		Total aggregate nominal value:	1
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **MR STEFANO CIAMPOLINI**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/12/1969**

Nationality: **ITALIAN**

Nature of control

The person holds, directly or indirectly, 75% or more of the shares in the company.

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