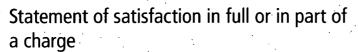
In accordance with Section 859L of the Companies Act 2006.

# **MR04**





You can use the WebFiling service to file this form online. Please go to www.companieshouse.gov.uk

What this form is for
You may use this form to register
a statement of satisfaction in full
or in part of a mortgage or charge

against a company.

What this form is NOT f You may not use this form register a statement of sat in full or in part of a mortg charge against an LLP. Use LL MR04.



A17 24/06/2022 COMPANIES HOUSE

#47

| 1                      | Company details   | •   |
|------------------------|---|---|
| Company number         | 0 3 9 3 4 7 3 2   | → Filling in this form Please complete in typescript or in                          |
| Company name in full   | FOUR SEASONS HEALTH CARE PROPERTIES (CARE HOMES)  | bold black capitals.  All fields are mandatory unless                               |
|                        | LIMITED   | specified or indicated by *   |
| 2                      | Charge creation   |   |
|                        | When was the charge created?  → Before 06/04/2013. Complete Part A and Part C   |   |
|                        | → On or after 06/04/2013. Complete Part B and Part C  |   |
| Part A                 | Charges created before 06/04/2013   | <del> </del>  |
| <u>.</u>               |   | · · · · · · · · · · · · · · · · · · ·   |
| A1                     | Charge creation date  |   |
|                        | Please give the date of creation of the charge.   |   |
| Charge creation date   | 1         1 |   |
| A2                     | Charge number   |   |
|                        | Please give the charge number. This can be found on the certificate.  |   |
| Charge number*         |   |   |
| A3                     | Description of instrument (if any)  |   |
|                        | Please give a description of the instrument (if any) by which the charge is created or evidenced.   | Continuation page Please use a continuation page if you need to enter more details. |
| Instrument description | Standard security dated 11 November 2004 in favour of Scarlet Finance Limited.  |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
| ·.                     |   |   |
| •                      |   |   |

Statement of satisfaction in full or in part of a charge Short particulars of the property or undertaking charged Please give the short particulars of the property or undertaking charged. **Continuation page** Please use a continuation page if All and whole those subjects lying in the parish of Kirkhill and you need to enter more details. **Short particulars** county of Inverness and comprising the whole subjects formerly known as the mansionhouse of lentran & outbuildings and now known as lentran house nursing home by Inverness. Charges created on or after 06/04/2013 Part B Charge code O Charge code Please give the charge code. This can be found on the certificate. This is the unique reference code Charge code • allocated by the registrar.

**MR04** 

MR04 Statement of satisfaction in full or in part of a charge

| Part C               | To be completed for all charges  |                  |
|----------------------|--|------------------|
| . •                  |  |                  |
| C1                   | Satisfaction   |                  |
|                      | I confirm that the debt for the charge as described has been paid or satisfied. Please tick the appropriate box. |                  |
|                      | In full In part  |                  |
| C2                   | Details of the person delivering this statement and their intere   | st in the charge |
|                      | Please give the name of the person delivering this statement   |                  |
| Name                 | FOUR SEASONS HEALTH CARE PROPERTIES (CARE HOMES) LI  |                  |
|                      | Please give the address of the person delivering this statement  |                  |
| Building name/number | FOUR SEASONS HEALTH CARE GROUP   |                  |
| Street               | NORCLIFFE HOUSE  |                  |
| · · · .              | STATION ROAD   |                  |
| Post town            | WILMSLOW   |                  |
| County/Region        | CHESHIRE   | ·                |
| Postcode             | S K 9 1 B U  | •                |
|                      | Please give the person's interest in the charge (e.g. chargor/chargee etc).                                      |                  |
| Person's interest in | Chargor  |                  |
| the charge           |  |                  |
|                      |  |                  |
| C3                   | Signature  |                  |
|                      | Please sign the form here.   |                  |
| Signature            | Signature X  |                  |
|                      |  |                  |
|                      |  |                  |
|                      |  |                  |
|                      |  |                  |
|                      |  |                  |

## **MR04**

Statement of satisfaction in full or in part of a charge

# **Presenter information** You do not have to give any contact information, but if you do, it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. ABIGAIL MATTISON FOUR SEASONS HEALTH CARE **GROUP NORCLIFFE HOUSE** STATION ROAD WILMSLOW **CHESHIRE** S K В **UNITED KINGDOM** +44 (0)7917 243 020 Checklist We may return forms completed incorrectly or with information missing. Please make sure you have remembered the following: ☐ The company name and number match the information held on the public Register. Part A Charges created before 06/04/2013 You have given the charge date. You have given the charge number (if appropriate) You have completed the Description of instrument and Short particulars in Sections A3 and A4. □ Part B Charges created on or after 06/04/2013 You have given the charge code. □ Part C To be completed for all charges ☐ You have ticked the appropriate box in Section C1. You have given the details of the person delivering ☐ this statement in Section C2.

## Important information

Please note that all information on this form will appear on the public record.

#### ✓ Where to send

You may return this form to any Companies House address. However, for expediency, we advise you to return it to the appropriate address below:

For companies registered in England and Wales: The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

For companies registered in Scotland: The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland: The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

#### Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

You have signed the form.