



Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **NICHOLS OSTEOPATHIC LTD**

Company Number: **04737289**



Received for filing in Electronic Format on the: **19/04/2022**

XB295QDU

Company Name: **NICHOLS OSTEOPATHIC LTD**

Company Number: **04737289**

Confirmation Statement date: **16/04/2022**

Sic Codes: **86210**

Principal activity description: **General medical practice activities**

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>A</b>	Number allotted	<b>100</b>
	<b>SHARES</b>	Aggregate nominal value:	<b>100</b>
Currency:	<b>GBP</b>		

Prescribed particulars

**ALL SHARES SHALL BE IDENTICAL AND RANK PARI PASSU. FURTHER DETAILS ARE AVAILABLE IN THE ARTICLES OF ASSOCIATION.**

<b>Class of Shares:</b>	<b>B</b>	Number allotted	<b>1</b>
	<b>SHARES</b>	Aggregate nominal value:	<b>1</b>
Currency:	<b>GBP</b>		

Prescribed particulars

**ALL SHARES SHALL BE IDENTICAL AND RANK PARI PASSU. FURTHER DETAILS ARE AVAILABLE IN THE ARTICLES OF ASSOCIATION.**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>101</b>
		Total aggregate nominal value:	<b>101</b>
		Total aggregate amount	<b>0</b>
		unpaid:	

## 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: **1 B SHARES shares held as at the date of this confirmation statement**  
Name: **AOIFE NICHOLS**

Shareholding 2: **100 A SHARES shares held as at the date of this confirmation statement**  
Name: **JONATHAN PAUL NICHOLS**

## **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