



**Notice of Individual Person
with Significant Control**

Company Name: **C I CARE LIMITED**

Company Number: **05412211**



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Notification Details

Date that person became **29/06/2016**
registrable:

Name: **MR SHILEN PARIKH**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/09/1980**

Nationality: **BRITISH**

Nature of control

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

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor