

## **Confirmation Statement**

Company Name: Capital Hospitals (Issuer) Plc

Company Number: 05462494

XC7N8LC9

Received for filing in Electronic Format on the: 13/07/2023

Company Name: Capital Hospitals (Issuer) Plc

Company Number: 05462494

Confirmation **09/07/2023** 

Statement date:

## **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 Director, Secretary, Person Authorised, Judicial Factor	e following: , Charity Commission Receiver and Manager, CIC Manager,

05462494

**End of Electronically filed document for Company Number:**