



**Notice of Individual Person
with Significant Control**

Company Name: **THE FAMILY DENTAL PRACTICE MANAGEMENT LIMITED**

Company Number: **05485486**



Received for filing in Electronic Format on the: **28/09/2021**

XADYN803

Notification Details

Date that person became **06/09/2021**
registrable:

Name: **DR HETAL BRIJESH PATEL**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/10/1978**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

Register entry date

Register entry date **06/09/2021**

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