



**Statement of satisfaction  
in full or in part of charge**

Company name: **TRIPLE WEST MEDICAL LIMITED**

Company number: **06338025**



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**Details of Satisfaction**

Charge created (or property acquired) before 6th April 2013.

CH ref. **2**

Date of creation: **23/06/2011**

Description of instrument: **ALL ASSETS DEBENTURE**

Short Particulars: **FIXED AND FLOATING CHARGE OVER THE UNDERTAKING AND ALL PROPERTY AND ASSETS PRESENT AND FUTURE, INCLUDING GOODWILL, BOOK DEBTS, UNCALLED CAPITAL, BUILDINGS, FIXTURES, FIXED PLANT & MACHINERY**

Satisfaction of charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **ORCUN ORUC**

Address: **THE CLOCK HOUSE, 87 PAINES LANE PINNER UNITED KINGDOM HA5 3BZ**

Interest: **CHARGE**

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**Authentication of Form**

This form was authorised by: **a person with an interest in the registration of the charge.**