



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

Company Name: **ALLIANCE MEDICAL ACQUISITIONCO LIMITED**

Company Number: **06412789**



Received for filing in Electronic Format on the: **18/05/2023**

XC3RC96P

Details of Satisfaction

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

CH ref. **7**

Date of creation: **09/05/2012**

Description of instrument: **CHARGE OF DEPOSIT**

Short Particulars: **ALL THE AMOUNTS NOW AND IN THE FUTURE CREDITED TO ACCOUNT NUMBER 55015018 ALSO DESIGNATED NXNFSRCT-EUR-00 WITH NATIONAL WESTMINSTER BANK PLC**

Satisfaction of charge: **In full**

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

Name: **LOWRI WILLIAMS**

Address: **C/O AML HUB, THE WOODS, OPUS 40 BUSINESS PARK WARWICK
ENGLAND CV34 5AH**

Interest: **PRESENTER ACTING ON BEHALF OF COMPANY**

Authentication of Form

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