



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

Company Name: **ALLIANCE MEDICAL ACQUISITIONCO LIMITED**

Company Number: **06412789**



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XC3RCHL6

Details of Satisfaction

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

CH ref. 1

Date of creation: **02/11/2007**

Description of instrument: **DEED OF CHARGE**

Short Particulars: **THE ACCOUNT AND THE DEPOSIT; ALL RIGHTS AND BENEFITS ACCRUING TO OR ARISING IN CONNECTION WITH THE DEPOSIT SEE THE MORTGAGE CHARGE DOCUMENT FOR FULL DETAILS**

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.**