



**Notice of Individual Person
with Significant Control**

Company Name: **ABLE HEALTH CARE LIMITED**

Company Number: **06604185**



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X6AIKV17

Notification Details

Date that person became **01/01/2017**
registrable:

Name: **MRS ARUNA PRAVIN KUKADIA**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/06/1959**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the company.

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