



Confirmation Statement

Company Name: **LT INSURANCE SERVICES LIMITED**

Company Number: **06832197**



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Company Name: **LT INSURANCE SERVICES LIMITED**

Company Number: **06832197**

Confirmation **27/02/2017**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	5000
Currency:	GBP	Aggregate nominal value:	5000
Prescribed particulars			
ORDINARY VOTING RIGHTS			

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	5000
		Total aggregate nominal value:	5000
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **01/05/2016**

Name: **MRS TRACEY WILLIAMS**

Service Address: **2 GRIFFIN PARK
PENTRE
WALES
CF41 7JD**

Country/State Usually Resident: **WALES**

Date of Birth: ****/02/1970**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 50% but less than 75% of the shares in the company.

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,
Judicial Factor