



**Notice of Individual Person
with Significant Control**

Company Name: **LT INSURANCE SERVICES LIMITED**

Company Number: **06832197**



Received for filing in Electronic Format on the: **27/03/2023**

XC065CUB

Notification Details

Date that person became **14/03/2023**
registrable:

Name: **MR PAUL MAXWELL MURPHY**

Service address recorded as Company's registered office

Country/State Usually **WALES**
Resident:

Date of Birth: ****/06/1963**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

Register entry date

Register entry date **14/03/2023**

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