

Confirmation Statement

Company Name: ASHLEIGH CLINIC LIMITED

Company Number: 06918724

XB533B6G

Received for filing in Electronic Format on the: 30/05/2022

Company Name: ASHLEIGH CLINIC LIMITED

Company Number: 06918724

Confirmation **29/05/2022**

Statement date:

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				

06918724

Electronically filed document for Company Number:

Authorisation

Authenticated This form was authorised by one of the Director, Secretary, Person Authorised, Judicial Factor	Receiver and Manager, C	CIC Manager,

06918724

End of Electronically filed document for Company Number: