



Confirmation Statement

Company Name: **LICHFIELD CHIROPRACTIC CLINIC LIMITED**

Company Number: **07329274**



Received for filing in Electronic Format on the: **05/08/2016**

X5CRACPV

Company Name: **LICHFIELD CHIROPRACTIC CLINIC LIMITED**

Company Number: **07329274**

Confirmation **28/07/2016**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	2
Currency:	GBP	Aggregate nominal value:	2

Prescribed particulars

FULL RIGHTS WITH REGARDS TO VOTING, PARTICIPATION AND DIVIDENDS

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	2
		Total aggregate nominal value:	2
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **DR MATTHEW JOHN CLANCY**

Service Address: **HILLBRE TALBOT AVENUE
SUTTON COLDFIELD
WEST MIDLANDS
ENGLAND
B74 3DD**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/06/1975**

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.

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **LAURA CLANCY**

Service Address: **HILLBRE TALBOT AVENUE
SUTTON COLDFIELD
WEST MIDLANDS
ENGLAND
B74 3DD**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/09/1977**

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.

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