

## **Confirmation Statement**

Company Name: CLINICAL VIROLOGY NETWORK

Company Number: 07516474

XCWV9M80

Received for filing in Electronic Format on the: 14/02/2024

Company Name: CLINICAL VIROLOGY NETWORK

Company Number: 07516474

Confirmation **03/02/2024** 

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 |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

## **Authorisation**

| Authenticated This form was authorised by one of the following: Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |