



Confirmation Statement

Company Name: **THE CAPSTONE CARE LEAVERS' TRUST**

Company Number: **08043772**



Received for filing in Electronic Format on the: **15/05/2017**

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Company Name: **THE CAPSTONE CARE LEAVERS' TRUST**

Company Number: **08043772**

Confirmation **24/04/2017**

Statement date:

Persons with Significant Control (PSC)

PSC notifications

Notification Details

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

Name: **DR ARNOLD DAVID BOUL**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/07/1946**

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.

Notification Details

Date that person became **15/11/2016**
registrable:

Name: **RIA LISA MYDDLETON-EVANS**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/08/1974**

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.

Notification Details

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

Name: **RICHARD JAMES COMPTON-BURNETT**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/07/1961**

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.

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