



**Notice of Individual Person
with Significant Control**

Company Name: **ASSOCIATION OF PHARMACY TECHNICIANS (UK)**

Company Number: **08506500**



Received for filing in Electronic Format on the: **16/01/2024**

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Notification Details

Date that person became **08/01/2024**
registrable:

Name: **PHILIP JONES**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/03/1980**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the company.

Register entry date

Register entry date **16/01/2024**

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