



Confirmation Statement

Company Name: **A.L HEALTHCARE LIMITED**

Company Number: **09008565**



Received for filing in Electronic Format on the: **25/04/2023**

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Company Name: **A.L HEALTHCARE LIMITED**

Company Number: **09008565**

Confirmation Statement date: **24/04/2023**

Statement date:

Sic Codes: **78109**

78200

78300

96090

Principal activity description: **Other activities of employment placement agencies**

Temporary employment agency activities

Human resources provision and management of human resources functions

Other service activities n.e.c.

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