



Confirmation Statement

Company Name: **INDEPENDENT FETAL ANTI-CONVULSANT TRUST**

Company Number: **09075755**



Received for filing in Electronic Format on the: **23/05/2017**

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Company Name: **INDEPENDENT FETAL ANTI-CONVULSANT TRUST**

Company Number: **09075755**

Confirmation **23/05/2017**

Statement date:

Persons with Significant Control (PSC)

PSC notifications

Notification Details

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

Name: **MRS EMMA MURPHY**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/12/1980**

Nationality: **BRITISH**

Nature of control

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

Notification Details

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

Name: **MRS SAFFRON PALMER**

Service Address: **155 BROOKSIDE LANE
STONE
STAFFS
ENGLAND
ST15 0HZ**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/04/1970**

Nationality: **BRITISH**

Nature of control

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

Notification Details

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

Name: **MRS JANET WILLIAMS**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/10/1964**

Nationality: **BRITISH**

Nature of control

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