



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **JA Health (Chiropractic) Limited**

Company Number: **09232431**



Received for filing in Electronic Format on the: **24/09/2018**

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Company Name: **JA Health (Chiropractic) Limited**

Company Number: **09232431**

Confirmation **23/09/2018**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	2
Currency:	GBP	Aggregate nominal value:	2

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES. EACH SHARE IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION. EACH SHARE IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP THE COMPANY.

Class of Shares:	A	Number allotted	1
	ORDINARY	Aggregate nominal value:	1
Currency:	GBP		

Prescribed particulars

EACH SHARE IS NOT ENTITLED TO VOTE IN ANY CIRCUMSTANCES. EACH SHARE IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION. EACH SHARE IS NOT ENTITLED PARI PASSU TO PARTICIPATE IN ANY DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY.

Class of Shares:	B	Number allotted	1
	ORDINARY	Aggregate nominal value:	1
Currency:	GBP		

Prescribed particulars

EACH SHARE IS NOT ENTITLED TO VOTE IN ANY CIRCUMSTANCES. EACH SHARE IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION. EACH SHARE IS NOT ENTITLED PARI PASSU TO PARTICIPATE IN ANY DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	4
		Total aggregate nominal value:	4
		Total aggregate amount unpaid:	0

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