



Confirmation Statement

Company Name: **IA HEALTH CARE SERVICES LTD**

Company Number: **09662489**



X5AAAEGZ

Received for filing in Electronic Format on the: **01/07/2016**

Company Name: **IA HEALTH CARE SERVICES LTD**

Company Number: **09662489**

Confirmation **30/06/2016**

Statement date:

Sic Codes: **86220**

Principal activity description: **Specialists medical practice activities**

Statement of Capital (Share Capital)

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

Prescribed particulars

ORDINARY SHARES HAVE FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING, DIVIDENDS AND DISTRIBUTIONS.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	2
		Total aggregate nominal value:	2
		Total aggregate amount unpaid:	0

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

A full list of shareholders for a non-traded company are shown below

Shareholding 1: **1 ORD shares held as at the date of this confirmation statement**
Name: **IMRAN ALAM**

Shareholding 2: **1 ORD shares held as at the date of this confirmation statement**
Name: **SADIA ALAM**

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **30/06/2016**
registrable:

Name: **MR IMRAN ALAM**

Service address recorded as Company's registered office

Country/State Usually **UNITED KINGDOM**
Resident:

Date of Birth: ****/01/1966**

Nationality: **IRISH**

Nature of control

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of 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