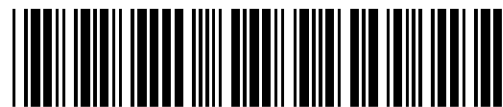




**Notice of Individual Person  
with Significant Control**

Company Name: **IMPRESSIONS DENTAL CARE (NOTTINGHAM) LIMITED**

Company Number: **10099665**



Received for filing in Electronic Format on the: **03/04/2018**

X734AN97

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## Notification Details

Date that person became **31/03/2018**  
registrable:

Name: **MRS CLAIRE EMMA ERABADDA**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**  
Resident:

Date of Birth: **\*\*/03/1985**

Nationality: **ENGLISH**

### **Nature of control**

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

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### **Register entry date**

Register entry date      **31/03/2018**

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### **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