



Companies House

# CS01<sub>(ef)</sub>

## Confirmation Statement

Company Name: **Bespoke Healthcare International Ltd**

Company Number: **10935389**



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Company Name: **Bespoke Healthcare International Ltd**

Company Number: **10935389**

Confirmation **28/08/2019**

Statement date:

## Statement of Capital (Share Capital)

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|                         |                 |                          |            |
|-------------------------|-----------------|--------------------------|------------|
| <b>Class of Shares:</b> | <b>ORDINARY</b> | Number allotted          | <b>100</b> |
| Currency:               | <b>GBP</b>      | Aggregate nominal value: | <b>100</b> |

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 OF THE COMPANY**

|                         |                |                          |          |
|-------------------------|----------------|--------------------------|----------|
| <b>Class of Shares:</b> | <b>'A' NON</b> | Number allotted          | <b>1</b> |
|                         | <b>VOTING</b>  | Aggregate nominal value: | <b>1</b> |

Currency: **GBP**

Prescribed particulars

**NO RIGHT TO VOTE IN PERSON OR BY PROXY AT ANY MEETINGS OF THE COMPANY.**

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## Statement of Capital (Totals)

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|           |            |                                |            |
|-----------|------------|--------------------------------|------------|
| Currency: | <b>GBP</b> | Total number of shares:        | <b>101</b> |
|           |            | Total aggregate nominal value: | <b>101</b> |
|           |            | Total aggregate amount unpaid: | <b>0</b>   |

## **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