

## **Confirmation Statement**

Company Name: COVID-19 VIRUS COMPENSATION LIMITED

Company Number: 12517949

Received for filing in Electronic Format on the: 03/04/2021

XA1LXAOS

Company Name: COVID-19 VIRUS COMPENSATION LIMITED

Company Number: 12517949

Confirmation 15/03/2021

Statement date:

## **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

12517949

**End of Electronically filed document for Company Number:**