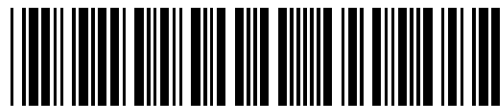




Confirmation Statement

Company Name: **CIARAN O'GORMAN CONSULTING LTD**

Company Number: **NI626969**



Received for filing in Electronic Format on the: **08/10/2016**

X5H6WDVD

Company Name: **CIARAN O'GORMAN CONSULTING LTD**

Company Number: **NI626969**

Confirmation **01/10/2016**

Statement date:

Sic Codes: **85422**

85600

86220

86900

Principal activity **Post-graduate level higher education**

description: **Educational support services**

Specialists medical practice activities

Other human health activities

Statement of Capital (Share Capital)

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

Prescribed particulars

**EACH SHARE HAS 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:	1

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **MISS SUSANNAH BUCKINGHAM**

Service address recorded as Company's registered office

Country/State Usually **NORTHERN IRELAND**
Resident:

Date of Birth: ****/06/1974**

Nationality: **BRITISH**

Nature of control

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

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **DR CIARAN O'GORMAN**

Service address recorded as Company's registered office

Country/State Usually **NORTHERN IRELAND**
Resident:

Date of Birth: ****/03/1972**

Nationality: **BRITISH**

Nature of control

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