



Confirmation Statement

Company Name: **MEDICAL EXPERT WITNESS ALLIANCE LIMITED LIABILITY PARTNERSHIP**

Company Number: **OC411938**



Received for filing in Electronic Format on the: **01/06/2017**

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LLP name in full: **MEDICAL EXPERT WITNESS ALLIANCE LIMITED LIABILITY PARTNERSHIP**

LLP Number: **OC411938**

Confirmation **20/05/2017**

Statement date:

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **21/05/2016**
registrable:

Name: **DR OMAIR AHMED**

Service Address recorded as LLP's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/03/1977**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

Notification Details

Date that person became **21/05/2016**
registrable:

Name: **DR INDERPREET SOHI**

Service Address recorded as LLP's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/03/1980**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the LLP.

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:

Designated member, Judicial Factor.