



**Confirmation Statement**

Company Name: **UK CHIROPRACTIC LIMITED**

Company Number: **06186517**



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X640DSOZ

Company Name: **UK CHIROPRACTIC LIMITED**

Company Number: **06186517**

Confirmation **27/03/2017**

Statement date:

## Statement of Capital (Share Capital)

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|                                        |                 |                          |          |
|----------------------------------------|-----------------|--------------------------|----------|
| <b>Class of Shares:</b>                | <b>ORDINARY</b> | Number allotted          | <b>1</b> |
| Currency:                              | <b>GBP</b>      | Aggregate nominal value: | <b>1</b> |
| Prescribed particulars                 |                 |                          |          |
| <b>FULL VOTING AND DIVIDEND RIGHTS</b> |                 |                          |          |

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## Statement of Capital (Totals)

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|           |            |                                |          |
|-----------|------------|--------------------------------|----------|
| Currency: | <b>GBP</b> | Total number of shares:        | <b>1</b> |
|           |            | Total aggregate nominal value: | <b>1</b> |
|           |            | Total aggregate amount unpaid: | <b>0</b> |

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

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

Name: **MS SHELLEY NICOLA IRVING**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**  
Resident:

Date of Birth: **\*\*/04/1981**

Nationality: **BRITISH**

### Nature of control

The person holds, directly or indirectly, 75% or more of the shares in the company.

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of the company.

The person holds, directly or indirectly, 75% or more of the voting rights 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