



Confirmation Statement

Company Name: **MEDICPOL LIMITED**

Company Number: **10100392**



X64L2XU1

Received for filing in Electronic Format on the: **18/04/2017**

Company Name: **MEDICPOL LIMITED**

Company Number: **10100392**

Confirmation **03/04/2017**

Statement date:

Sic Codes: **86900**

Principal activity **Other human health activities**  
description:

## 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

**EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING,  
DIVIDENDS AND DISTRIBUTIONS.**

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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: **DR LIGIA MARIA ADAMSKA**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**  
Resident:

Date of Birth: **\*\*/07/1985**

Nationality: **BRITISH**

### Nature of control

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

The person has the right to exercise, or actually exercises, significant influence or control over the activities of a trust, and the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over 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