



Confirmation Statement

Company Name: **MORES' OCCUPATIONAL HEALTH LIMITED**

Company Number: **07865772**



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Company Name: **MORES' OCCUPATIONAL HEALTH LIMITED**

Company Number: **07865772**

Confirmation **30/11/2016**

Statement date:

## Statement of Capital (Share Capital)

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|                                                          |                 |                          |          |
|----------------------------------------------------------|-----------------|--------------------------|----------|
| <b>Class of Shares:</b>                                  | <b>ORDINARY</b> | Number allotted          | <b>1</b> |
|                                                          | <b>£1</b>       | Aggregate nominal value: | <b>1</b> |
| Currency:                                                | <b>GBP</b>      |                          |          |
| Prescribed particulars                                   |                 |                          |          |
| <b>1 SHARE = 1 VOTE, EACH HAVING RIGHTS TO DIVIDENDS</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 registrable: **30/11/2016**

Name: **MS ROPAFADZO MOREBLESSING SIBANDA**

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/10/1973**

Nationality: **BRITISH**

### Nature of control

The person holds, directly or indirectly, 75% or more 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