M

Please do not write in this margin

Please complete legibly, preferably in black type, or buld block lettering

* insert full name of company

† Delete as appropriate

‡ (Insert a description of the instrument(s) creating or evidencing the charge, eg 'Mortgage', 'Charge', 'Debenture' etc.

Øinsert brief

details of property

§ The date of registration may be confirmed

from the certificate

COMPANIES FORM No. 403a

Declaration of satisfaction in full or in part of mortgage or charge

403a

To the Registrar of Companies (Address overleaf)	For official use Company number 2058177
Name of company	
* Healthcall Medical (Holdings) Limited	
I, Emma Thomas	
of 5 Broomsleigh Street, London, NW6 1QQ	
[exxbinaction] [the secretary] [the exacinxinistration]:	(three administrative neceiver), to f the above company,
do solemnly and sincerely declare that the de	ot for which the charge described below was given
has been paid or satisfied in [full][part] 1	
Date and Description of charge # Supplemental	Deed dated 30/03/1998
Date of Registration § 15/04/1998	
Name and address of [chargee] (thrusteexforts)	exdebentuxextolders
Nestor Healthcare Plc, The Colonnades, Beaconsfield	Close, Hatfield, Herts, AL10 8YD
	*
Short particulars of property charged ø	
	all property and assets present and future including goodwill,
book debts, uncalled capital, building fixtures, fixed	plant and machinery.
	iously believing the same to be true and by virtue of
the provisions of the Statutory Declarations A	
Declared at L4 Broomsleyl SWEN	Declarant to sign below
Come no total	CAP
Day Month Year	
04102001	
0 4 1 0 2 9 0 1 before me / May ()	

A Commissioner for Oaths or Notary Public or Justice of the Peace or Solicitor having the powers conferred on a Commissioner for Oaths

Presentor's name, address and reference (if any):
FRESHFIELDS BRUCKHAUS DERINGER
65 FLEET STREET, LONDON ENGLAND EC4Y 1HS
DX 23 LONDON/CHANCERY LANE

For official use Mortgage section

