



Confirmation Statement

Company Name: **TRIDENT MEDICAL SERVICES LIMITED**

Company Number: **03017087**



Received for filing in Electronic Format on the: **16/02/2017**

X60CTU2I

Company Name: **TRIDENT MEDICAL SERVICES LIMITED**

Company Number: **03017087**

Confirmation **01/02/2017**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	'B'	Number allotted	12
	ORDINARY	Aggregate nominal value:	12
Currency:	GBP		

Prescribed particulars

THE SHARES HAVE ATTACHED TO THEM FULL VOTING RIGHTS.DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON A WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION

Class of Shares:	A	Number allotted	8
	ORDINARY	Aggregate nominal value:	8
Currency:	GBP		

Prescribed particulars

EACH SHARE HAS FULL VOTING RIGHTS AND RIGHTS TO DIVIDENDS.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	20
		Total aggregate nominal value:	20
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

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

Name: **MRS FIONA ANN PENFOLD**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/02/1965**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 50% but less than 75% of the shares in the company.

Notification Details

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

Name: **MR BRIAN HARRY PENFOLD**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/10/1960**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% 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