In accordance with Section 872(1)(a) of the Companies Act 2006

# **MG02**

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

- What this form is for You may use this form to register a statement of satisfaction in full or in part of a mortgage or charge
- X What this form is NOT for You cannot use this form to a statement of satisfaction is or in part of a fixed charge f company registered in Scotl do this, please use form MC

11/12/2012

|                        |                                                                                                                                                                                                                                                                           | COMPANIES HOUSE                                                                                                   |  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| 1                      | Company details                                                                                                                                                                                                                                                           | For official use                                                                                                  |  |
| Company number         | 0 4 9 6 0 4 6 0                                                                                                                                                                                                                                                           | Filling in this form     Please complete in typescript or in bold black capitals                                  |  |
| Company name in full   | Lancaster Medical Services Limited                                                                                                                                                                                                                                        |                                                                                                                   |  |
|                        |                                                                                                                                                                                                                                                                           | All fields are mandatory unless specified or indicated by *                                                       |  |
| 2                      | Creation of charge                                                                                                                                                                                                                                                        |                                                                                                                   |  |
| Date charge created    | d 1 d 7 m 1 m 2 y 2 y 0 y 7                                                                                                                                                                                                                                               | O You should give a description of the instrument (if any) creating or evidencing the charge,  a g 'Legal charge' |  |
| Description •          | Legal Charge                                                                                                                                                                                                                                                              |                                                                                                                   |  |
| Date of registration 6 | $\begin{bmatrix} 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & 3 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$ | O The date of registration may be<br>confirmed from the certificate                                               |  |
| 3                      | Name and address of chargee(s), or trustee(s) for the debenture holders                                                                                                                                                                                                   | ·                                                                                                                 |  |
|                        | Please give the name and address of the chargee(s), or trustee(s) for the debenture holders                                                                                                                                                                               | Continuation page Please use a continuation page if you need to enter more details                                |  |
| Name                   | National Westminster Bank Plc                                                                                                                                                                                                                                             |                                                                                                                   |  |
| Address                | P O Box 339                                                                                                                                                                                                                                                               | _                                                                                                                 |  |
|                        | Manchester                                                                                                                                                                                                                                                                |                                                                                                                   |  |
| Postcode               | M 6 0 2 A H                                                                                                                                                                                                                                                               |                                                                                                                   |  |
| Name                   |                                                                                                                                                                                                                                                                           | _                                                                                                                 |  |
| Address                |                                                                                                                                                                                                                                                                           |                                                                                                                   |  |
| Postcode               |                                                                                                                                                                                                                                                                           |                                                                                                                   |  |
| Vame                   |                                                                                                                                                                                                                                                                           |                                                                                                                   |  |
| Address                |                                                                                                                                                                                                                                                                           | _                                                                                                                 |  |
| Postcode               |                                                                                                                                                                                                                                                                           |                                                                                                                   |  |
|                        |                                                                                                                                                                                                                                                                           |                                                                                                                   |  |

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| 4                 | Short particulars of all the property mortgaged or charged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
|                   | Please give the short particulars of the property mortgaged or charged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Continuation page Please use a continuation page if you need to enter more details |  |
| Short particulars | 38 Chesterfield Road South Mansfield by way of fixed charge the benefit of all cover property and plant machinery fixtures filtings furniture equipment implements and business carned on at the property and the proceeds of any insurance affecting the second seco | renants and rights concerning the utensils the goodwill of any                     |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |  |
| 5                 | Satisfaction of the debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |  |
|                   | I confirm that the debt for which the charge described above was given has been paid or satisfied •  In full In part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | O Please tick one box only                                                         |  |
| 6                 | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |  |
|                   | Please sign the form here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | i                                                                                  |  |
| Signature         | Signature X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |  |
|                   | This form must be signed by a person with an interest in the registration of the charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |  |

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# **Presenter information** You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record Contact name Natalia Delgado Company name Elliot Mather LLP Westgate House 1 Chesterfield Road South DX 33050 Cardiff Mansfield County/Region Nottinghamshire Postcode R Country 10347 Mansfield 01623 655666 Checklist We may return forms completed incorrectly or with information missing Please make sure you have remembered the following The company name and number match the information held on the public Register ☐ You have completed the charge details in Section 2 You have the completed the name and address of the chargee, or trustee for the debenture holders You have completed the short particulars of the property mortgaged or charged You have confirmed whether the charge is to be satisfied in full or in part You have signed the form

#### Important information

Please note that all information on this form will appear on the public record

### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For companies registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ

For companies registered in Scotland The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1

# Further information

For further information, please see the guidance notes on the website at www companieshouse gov uk or email enquines@companieshouse gov uk

This form is available in an alternative format Please visit the forms page on the website at www companieshouse gov uk