



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

Company name: **INSURANCE MEDICAL REPORTING LIMITED**

Company number: **05649896**

Received for Electronic Filing: **06/09/2018**



Details of Satisfaction

Charge created (or property acquired) on or after 6th April 2013.

Charge code: **0564 9896 0006**

Satisfaction of charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **DMH STALLARD LLP**

Address: **6 NEW STREET SQUARE LONDON ENGLAND EC4A 3BF**

Interest: **SOLICITOR FOR A CHARGOR**

Authentication of Form

This form was authorised by: **a person with an interest in the registration of the charge.**