

PSC07 (ZG)

Notice of ceasing to be an individual person
with significant control (PSC), relevant legal
entity (RLE), or other registrable person
(ORP)



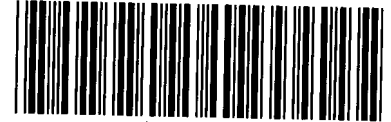
Companies House

You can only use this form to name one P

☒ What this form is for
You may use this form to tell us
that a person or entity is no longer
a PSC, RLE or ORP.

☐ What this form is NOT for
You cannot use the form to tell us
about ceasing to be a PSC, RLE or
ORP of an LLP. Use LL PSC07 (LLP)

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DAHSJ01V

DSR 22/11/2021 #25

COMPANIES HOUSE

DAGW2VNK

DSR 09/11/2021 #17

COMPANIES HOUSE

Only use this form if restrictions on using or disclosing any
of an individual's particulars in relation to this company
are in force under regulations under section 790ZG of the
Companies Act 2006

1

Company details

Company number

05373612

Company name in full

ATLANTIC HEALTHCARE PLC

→ Filling in this form
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

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Notice of ceasing to be a person with significant control (PSC),
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Section 790ZG of
Companies Act 2006

Section 790ZG exemption

This PSC's details are not shown because restrictions on using or disclosing
any of the individual's particulars in relation to this company are in force under
regulations under section 790ZG of the Companies Act 2006

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Notice of ceasing to be a person with significant control (PSC), relevant legal entity (RLE), or other registrable person (ORP)

Do not use this page to give details of an individual as restrictions on using or disclosing any of that individual's particulars in relation to this company are in force under regulations under section 790ZG of the Companies Act 2006

4 Individual's current details ^①

Please give us the current details of the individual PSC as they appear on the public register.

Month/year of birth* ^② ☒ ☒

Title*

Full forename(s)

Surname

^① Don't use this section to show the details of an individual PSC who is a section 790ZG beneficiary. Use section 2 & 3.

^② Month and year of birth

Providing a month and year of birth will help us identify the correct person on the public record. This is voluntary information and if completed it will be placed on the public record.

5 RLE's or ORP's current details

Please give us the name of the RLE or ORP as it appears on the public register.

Name

6 Date ceased to be a PSC, RLE or ORP ^③

Date ceased

^③ Only one PSC or RLE, ORP can be named per form.

7 Register entry date

Give the date on which you made this update to the company's PSC register.

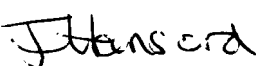
Date

8 Signature

I am signing this form on behalf of the company.

Signature

Signature

☒  ☒

This form may be signed by:

Director, Secretary, Person authorised ^④, Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity Commission receiver and manager, CIC manager, Judicial factor.

^④ Person authorised

Under either section 270 or 274 of the Companies Act 2006.

You must not send this form to us in respect of an individual unless that individual has confirmed to you that they have ceased to be a person with significant control.

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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

JAMES HANSARD

Company name

ATLANTIC HEALTHCARE PLC

Address

10 ROSE + CROWN WALK

Post town

SAFFRON WALDEN

County/Region

ESSEX

Postcode

C R 1 0 1 5 H

Country

DX

Telephone

075910 073370



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ You are only using this form if restrictions on using or disclosing any of an individual's particulars in relation to this company are in force.
- ☐ You are using a purple coloured form.
- ☐ You are not using a photocopy.
- ☐ The company name and number match the information held on the public Register.
- ☐ You have correctly entered the name of the PSC, RLE or ORP.
- ☐ You have included the appropriate date.
- ☐ You have given the register entry date.
- ☐ You have signed the form.



Important information

No details will be shown on the public record for an individual PSC where restrictions on using or disclosing any of the individual's particulars in relation to this company are in force under regulations under section 790ZG of the Companies Act 2006.

All details will be shown on the public record for an individual PSC where these restrictions are not in force.



Where to send

Please return this form to the address below:

The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE.



Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

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