



Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **DOMUS HEALTHCARE (KIRKLEES & CALDERDALE) LIMITED**

Company Number: **06716329**



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Company Name: **DOMUS HEALTHCARE (KIRKLEES & CALDERDALE) LIMITED**

Company Number: **06716329**

Confirmation **06/10/2017**

Statement date:

## Statement of Capital (Share Capital)

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|                         |                 |                          |          |
|-------------------------|-----------------|--------------------------|----------|
| <b>Class of Shares:</b> | <b>ORDINARY</b> | Number allotted          | <b>1</b> |
| Currency:               | <b>GBP</b>      | Aggregate nominal value: | <b>1</b> |

Prescribed particulars

**FULL VOTING RIGHTS DIVIDEND AND RETURN ON CAPITAL RIGHTS. NO RIGHT OF REDEMPTION**

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## Statement of Capital (Totals)

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|           |            |                                |          |
|-----------|------------|--------------------------------|----------|
| Currency: | <b>GBP</b> | Total number of shares:        | <b>1</b> |
|           |            | Total aggregate nominal value: | <b>1</b> |
|           |            | Total aggregate amount unpaid: | <b>1</b> |

## Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

|                 |                                                                             |
|-----------------|-----------------------------------------------------------------------------|
| Shareholding 1: | <b>1 ORDINARY shares held as at the date of this confirmation statement</b> |
| Name:           | <b>DOMUS HEALTHCARE GROUP LIMITED</b>                                       |

## **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