



Confirmation Statement

Company Name: **Belsize Park Physiotherapy Clinic Limited**

Company Number: **07107954**



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Company Name: **Belsize Park Physiotherapy Clinic Limited**

Company Number: **07107954**

Confirmation Statement date: **18/12/2016**

Statement date:

Sic Codes: **86900**

Principal activity description: **Other human health activities**

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	1
Currency:	GBP	Aggregate nominal value:	1

Prescribed particulars

ALL RIGHTS ATTACHED, FULL VOTING AND EQUITY RIGHTS

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1
		Total aggregate nominal value:	1
		Total aggregate amount unpaid:	0

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:	1 ORDINARY shares held as at the date of this confirmation statement
Name:	VERNA AMPER

Persons with Significant Control (PSC)

PSC notifications

Notification Details

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

Name: **VERNA HAZEL AMPER**

Service Address: **6 DORNEY ADELAIDE ROAD
LONDON
UNITED KINGDOM
NW3 3PP**

Country/State Usually
Resident: **UNITED KINGDOM**

Date of Birth: ****/03/1978**

Nationality: **BRITISH**

Nature of control

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

The person holds, directly or indirectly, 75% or more of the voting rights in the company.

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of 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