Companies House

CS01 (ef)

Confirmation Statement

Company Name: **ALLIANCE MEDICAL INDEMNITY LIMITED**
Company Number: **07655729**

Received for filing in Electronic Format on the: **14/06/2017**

X68LKC7D

Company Name: **ALLIANCE MEDICAL INDEMNITY LIMITED**

Company Number: **07655729**

Confirmation Statement date: **02/06/2017**

Statement of Capital (Share Capital)

Class of Shares:	**A**	Number allotted	**99**
Currency:	**GBP**	Aggregate nominal value:	**99**

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES AND AN EQUAL SHARE OF DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION.

Statement of Capital (Totals)

Currency:	**GBP**	Total number of shares:	**99**
		Total aggregate nominal value:	**99**
		Total aggregate amount unpaid:	**99**

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **02/06/2017**

Name: **MISS ANN ELIZABETH COPSEY**

Service Address: **54 HAGLEY ROAD**
BIRMINGHAM
ENGLAND
B16 8PE

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1953**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

Notification Details

Date that person became registrable:	**02/06/2017**
Name:	**MR NEIL HOWLETT**
Service Address:	**54 HAGLEY ROAD BIRMINGHAM ENGLAND B16 8PE**
Country/State Usually Resident:	**ENGLAND**
Date of Birth:	****/03/1975**
Nationality:	**BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

Notification Details

Date that person became registrable:	**02/06/2017**
Name:	**MR PAUL HOWLETT**
Service Address:	**54 HAGLEY ROAD BIRMINGHAM ENGLAND B16 8PE**
Country/State Usually Resident:	**ENGLAND**
Date of Birth:	****/11/1945**
Nationality:	**BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in 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