Companies House

CS01 (ef)

Confirmation Statement

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

Received for filing in Electronic Format on the: **15/06/2020**

X9799E6J

Company Name: **ALLIANCE MEDICAL INDEMNITY LIMITED**

Company Number: **07655729**

Confirmation Statement date: **02/06/2020**

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