

### **Confirmation Statement**

Company Name: AVENTIS SOLUTIONS LIMITED

Company Number: 07673288

X68Z6XW8

Received for filing in Electronic Format on the: 20/06/2017

Company Name: AVENTIS SOLUTIONS LIMITED

Company Number: 07673288

Confirmation 17/06/2017

Statement date:

## **Persons with Significant Control (PSC)**

#### **PSC** notifications

#### **Notification Details**

Date that person became 06/04/2016

registrable:

Name: MR JAMES MICHAEL FARRELL

Service Address: 40 DRAYTON STREET

**MANCHESTER** 

ENGLAND M15 5LL

Country/State Usually

Resident:

**ENGLAND** 

Date of Birth: \*\*/08/1985

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**

| Commination 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**

| Δı | ıth | ρr | ntic | ate | h |
|----|-----|----|------|-----|---|

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor