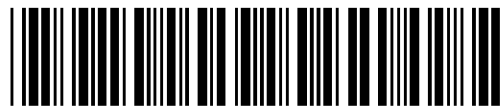




Confirmation Statement

Company Name: **CARE PROVIDERS NETWORK LIMITED**

Company Number: **07858417**



Received for filing in Electronic Format on the: **06/12/2016**

X5L9LNWY

Company Name: **CARE PROVIDERS NETWORK LIMITED**

Company Number: **07858417**

Confirmation **23/11/2016**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
Currency:	GBP	Aggregate nominal value:	100
Prescribed particulars			
N/A			

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	100
		Total aggregate nominal value:	100
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **01/11/2016**
registrable:

Name: **MR DANIEL WYLIE**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/09/1986**

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.

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