



Confirmation Statement

Company Name: **WORD OF MOUTH THERAPY LIMITED**

Company Number: **08784336**



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Company Name: **WORD OF MOUTH THERAPY LIMITED**

Company Number: **08784336**

Confirmation **20/11/2016**

Statement date:

Statement of Capital (Share Capital)

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

Prescribed particulars

**FULL RIGHTS TO RECEIVE NOTICE OF, ATTEND AND VOTE AT GENERAL MEETINGS.
ONE SHARE CARRIES ONE VOTE, AND FULL RIGHTS TO DIVIDENDS AND CAPITAL
DISTRIBUTIONS(INCLUDING UPON WINDING UP).**

Statement of Capital (Totals)

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

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **19/11/2016**

Name: **MS MICHELE THOMPSON**

Service Address: **25 25 FAIRFIELD EAST
KINGSTON
GREAT BRITAIN
KT1 2PT**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1966**

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