



Confirmation Statement

Company Name: **CARE ADVISER NETWORK**

Company Number: **09757905**



X5F5DB96

Received for filing in Electronic Format on the: **09/09/2016**

Company Name: **CARE ADVISER NETWORK**

Company Number: **09757905**

Confirmation **01/09/2016**

Statement date:

Sic Codes: **94120**

Principal activity **Activities of professional membership organizations**
description:

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **01/09/2016**
registrable:

Name: **MRS NICOLA TAYLOR**

Service Address: **4, MEADOWAY, STEEPLE CLAYDON, BUCKINGHAM
MEADOWAY
STEEPLE CLAYDON
BUCKINGHAM
ENGLAND
MK18 2PA**

Country/State Usually
Resident: **UNITED KINGDOM**

Date of Birth: ****/07/1965**

Nationality: **BRITISH**

Nature of control

The person has the right to exercise, or actually exercises, significant influence or control over the activities of a firm that, under the law by which it is governed, is not a legal person; and the members of that firm (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the company.

The person has the right to exercise, or actually exercises, significant influence or control over 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