



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **AIB INSURANCE SERVICES (N.I.) LIMITED**

Company Number: **NI021833**



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Company Name: **AIB INSURANCE SERVICES (N.I.) LIMITED**

Company Number: **NI021833**

Confirmation **01/10/2017**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	2
Currency:	GBP	Aggregate nominal value:	2
Prescribed particulars			
ONE SHARE ONE VOTE			

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	2
		Total aggregate nominal value:	2
		Total aggregate amount unpaid:	0

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