



Companies House

for the record

Company Name

THE FELLOWSHIP OF  
POSTGRADUATE MEDICINE

## 363s Annual Return

103402  
15

Company Type

Private Company Limited By  
Guarantee Without Share Capital

Company Number

721213

Information extracted from  
Companies House records on  
9th June 2003

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.



A39 \*AW98POPH\* 0845  
COMPANIES HOUSE 27/09/03

### Section 1: Company details

Ref: 721213/15/42

	Current details	Amended details
> Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>12 Chandos Street</b> <b>London</b> <b>W1G 9DR</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _
> Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>Address where the Register is held</b> <b>At Registered Office</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _
> Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>Not Applicable</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _
> Principal Business Activities <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>SIC Code    Description</b>  <b>7487          Other business activities</b>	<b>SIC CODE    Description</b>  _ _ _ _    _____ _____ _ _ _ _    _____ _____ _ _ _ _    _____ _____ _ _ _ _    _____ _____
> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.		

**2**

	Current details	Amended details
<p><b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</p> <p>Particulars of a new Director must be notified on form 288.</p>	<p><b>Name</b> Dr Jeremy Shaw BOLTON MA MB FRC PSYCH</p> <p><b>Address</b> 4 Brooklands Park Blackheath London SE3 9BL</p> <p><b>Date of birth</b> 10/11/1943</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Medical Practitioner</p>	<p><b>Name</b></p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Dr Jeremy Shaw BOLTON MA MB FRC PSYCH ceased to be director (if applicable)</b> ____ / ____ / ____</p>
<p><b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</p> <p>Particulars of a new Director must be notified on form 288.</p>	<p><b>Name</b> Dr Douglas John COLTART</p> <p><b>Address</b> 15 Upper Wimpole Street London W1G 6LS</p> <p><b>Date of birth</b> 07/10/1943</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Hon Secretary</p>	<p><b>Name</b></p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Dr Douglas John COLTART ceased to be director (if applicable)</b> ____ / ____ / ____</p>

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

## Current details

## Name

Dr Gordon Charles COOK MD DSC  
FRCP FRACP FLS

## Address

11 Old London Road  
St Albans  
Hertfordshire  
AL1 1QE

Date of birth 17/02/1932

Nationality British

Occupation Hon President  
Chairman

## Amended details

## Name

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

## Address

UK Postcode \_ \_ \_ \_ \_

Date of birth \_ / \_ / \_ \_ \_

Nationality \_ \_ \_ \_ \_

Occupation \_ \_ \_ \_ \_

Date of change \_ / \_ / \_ \_ \_

Date Dr Gordon Charles COOK MD DSC  
FRCP FRACP FLS ceased to be director  
(if applicable) \_ / \_ / \_ \_ \_

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

## Name

Doctor George Osborne COWAN  
OBE OSTJ

## Address

Kilrymont  
Gorse Way, Hartley  
Longfield  
Kent  
DA3 8AF

Date of birth 05/09/1939

Nationality British

Occupation Physician

## Name

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

## Address

UK Postcode \_ \_ \_ \_ \_

Date of birth \_ / \_ / \_ \_ \_

Nationality \_ \_ \_ \_ \_

Occupation \_ \_ \_ \_ \_

Date of change \_ / \_ / \_ \_ \_

Date Doctor George Osborne COWAN  
OBE OSTJ ceased to be director (if  
applicable) \_ / \_ / \_ \_ \_

## Amended details

> Director

*If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.*

*Particulars of a new Director must be notified on form 288.*

**Name**  
Professor Jane Elizabeth DACRE

**Address**  
52 Cholmeley Crescent  
London  
N6 5HA

**Date of birth** 11/11/1955

**Nationality** British

**Occupation** Doctor Medical

Name \_\_\_\_\_

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

Address

UK Postcode    \_ \_ \_ \_    \_ \_ \_ \_

Date of birth      \_ \_ / \_ \_ / \_ \_ \_ \_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Date of change  /  / 

Date Professor Jane Elizabeth DACRE  
ceased to be director (if applicable)

17,06,2003

> Director

*If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.*

*Particulars of a new Director must be notified on form 288.*

**Name**  
Charles Robert Keith HIND  
DOCTOR

**Address**  
45 Rodney Street  
Liverpool  
L1 9EW

**Date of birth** 07/06/1953

**Nationality** British

Occupation Consultant Physician

Name

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

Address

UK Postcode    \_ \_ \_ \_ \_

Date of birth    \_ \_ / \_ \_ / \_ \_ \_ \_

Nationality : \_\_\_\_\_

Occupation \_\_\_\_\_

Date of change    /    /   

Date Charles Robert Keith HIND  
DOCTOR ceased to be director (if  
applicable) \_\_\_\_\_

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

## Current details

**Name**  
Professor David INGRAM BA, PHD,  
FBCS, (ENGMRCR HON)

**Address**  
36 Salisbury Avenue  
St Albans  
Hertfordshire  
AL1 4TU

**Date of birth** 06/11/1945

**Nationality** British

**Occupation** Professor

## Amended details

**Name**

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

**Address**

**UK Postcode**    \_ \_ \_ \_ \_

**Date of birth**    \_ \_ / \_ \_ / \_ \_ \_ \_

**Nationality**    \_ \_ \_ \_ \_

**Occupation**    \_ \_ \_ \_ \_

**Date of change**    \_ \_ / \_ \_ / \_ \_ \_ \_

Date Professor David INGRAM BA, PHD, FBCS, (ENGMRCR HON) ceased to be director (if applicable)    \_ \_ / \_ \_ \_ \_

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

**Name**  
John Francis MAYBERRY

**Address**  
Cariad House The Spinney  
Thurnby  
Leicester  
Leicestershire  
LE7 9QS

**Date of birth** 15/08/1951

**Nationality** British

**Occupation** Physician

**Name**

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

**Address**

**UK Postcode**    \_ \_ \_ \_ \_

**Date of birth**    \_ \_ / \_ \_ / \_ \_ \_ \_

**Nationality**    \_ \_ \_ \_ \_

**Occupation**    \_ \_ \_ \_ \_

**Date of change**    \_ \_ / \_ \_ / \_ \_ \_ \_

Date John Francis MAYBERRY ceased to be director (if applicable)

                                 \_ \_ / \_ \_ / \_ \_ \_ \_

	Current details	Amended details
<p><b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</p> <p>Particulars of a new Director must be notified on form 288.</p>	<p><b>Name</b> Doctor David John Richard MORGAN MB BS FRCP</p> <p><b>Address</b> Links Cottage Holders Hill Crescent London NW4 1NE</p> <p><b>Date of birth</b> 21/06/1952</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Consultant Physician</p>	<p><b>Name</b></p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Doctor David John Richard MORGAN MB BS FRCP ceased to be director (if applicable)</b> ____ / ____ / ____</p>
<p><b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</p> <p>Particulars of a new Director must be notified on form 288.</p>	<p><b>Name</b> Lotte Therese NEWMAN</p> <p><b>Address</b> The White House 1 Ardwick Road Hampstead London NW2 2BX</p> <p><b>Date of birth</b> 22/01/1929</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Medical Practitioner</p>	<p><b>Name</b></p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Lotte Therese NEWMAN ceased to be director (if applicable)</b> ____ / ____ / ____</p>

### Amended details

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1



	Current details	Amended details
<p><b>&gt; Director</b></p> <p><i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i></p> <p><i>Particulars of a new Director must be notified on form 288.</i></p>	<p><b>Name</b> Dr Donald Robert James SINGER</p> <p><b>Address</b> 84 Argyle Road London W13 8EL</p> <p><b>Date of birth</b> 20/08/1954</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Doctor</p>	<p><b>Name</b> <u>Mrs PROFESSOR</u></p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b> _____ _____ _____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Dr Donald Robert James SINGER ceased to be director (if applicable)</b> ____ / ____ / ____</p>
<p><b>&gt; Director</b></p> <p><i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i></p> <p><i>Particulars of a new Director must be notified on form 288.</i></p>	<p><b>Name</b> Professor Dame Lesley Jill SOUTHGATE DBE</p> <p><b>Address</b> 130 Cappell Lane Stanstead Abbots Hertfordshire SG12 8BY</p> <p><b>Date of birth</b> 25/09/1943</p> <p><b>Nationality</b> British</p> <p><b>Occupation</b> Professor Of Primary Care &amp; Me</p>	<p><b>Name</b> _____</p> <p><input type="checkbox"/> Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.</p> <p><b>Address</b> _____ _____ _____</p> <p><b>UK Postcode</b> _____</p> <p><b>Date of birth</b> ____ / ____ / ____</p> <p><b>Nationality</b> _____</p> <p><b>Occupation</b> _____</p> <p><b>Date of change</b> ____ / ____ / ____</p> <p><b>Date Professor Dame Lesley Jill SOUTHGATE DBE ceased to be director (if applicable)</b> 17, 06, 2003</p>

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

## Current details

**Name**  
Professor Alimuddin ZUMLA

**Address**  
6 Hamilton House  
81 Southampton Row  
London  
WC1B 4HA

**Date of birth** 15/05/1955

**Nationality** British

**Occupation** Medical Doctor

## Amended details

**Name**

☐ Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.

**Address**

**UK Postcode** \_ \_ \_ \_ \_

**Date of birth** \_ \_ / \_ \_ / \_ \_ \_ \_

**Nationality** \_ \_ \_ \_ \_

**Occupation** HON. SECRETARY

**Date of change** 17, 06, 2003

**Date Professor Alimuddin ZUMLA ceased to be director (if applicable)**

\_ \_ / \_ \_ / \_ \_ \_ \_



Companies House

— for the record —

## 363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

### 1. Declaration

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

Date

14, 08, 03

This date must not be earlier than the return date at 2 below

#### What to do now

Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

### 2. Date of this return

- ☐ This AR is made up to  
1/7/2003

If you are making this return up to an earlier date, please give the date here

\_\_ / \_\_ / \_\_\_\_

Note: The form must be delivered to CH within 28 days of this date

### 3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **1st July 2004** please give the new date here:

\_\_ / \_\_ / \_\_\_\_

### 4. Where to send this form

- ☐ Please return this form to:

Registrar of Companies  
Companies House  
Crown Way  
Cardiff CF14 3UZ

OR

For members of the Hays Document  
Exchange service  
DX 33050 Cardiff

**Have you enclosed the filing fee with the company number written on the reverse of the cheque?**

### Contact Address

You do not have to give any contact information below, but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

Contact Name

ADMINISTRATOR

Telephone number inc code

0207 6366334

Address

FELLOWSHIP OF POSTGRADUATE MEDICINE

DX number if applicable

12 CHANDOS STREET

LONDON W1G 9DR

DX exchange

Postcode

\_\_ \_\_ \_\_ \_\_ \_\_