



*Companies House*  
— for the record —

**363a<sup>(ef)</sup>**

**Annual Return**



**XA200D3D**

*Received for filing in Electronic Format on the:* **08/09/2009**

*Company Name:* **SILVER CLEF LIMITED**

*Company Number:* **02515633**

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### *Company Details*

*Period Ending:* **25/06/2009**

*Company Type:* **PRIVATE COMPANY LIMITED BY SHARES**

*Principal Business Activities:*

*SIC codes:*

**9305**

*Registered Office  
Address:*

**2 LISSENDEN GARDENS  
LONDON  
NW5 1PQ**

*Register of  
Members Address:*

**2 LISSENDEN GARDENS  
LONDON  
NW5 1PQ**

*Register of Debenture  
Holders Address:*

## *Details of Officers of the Company*

*Company Secretary 1:*

*Name:* **SANDRA JANE BANFIELD**

*Address:* **FLAT 1 72 THICKET ROAD  
LONDON  
SE20 8DR**

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*Director 1 :*

*Name:* **DEREK GREEN**

*Address:* **FLAT 301 50 SULIVAN ROAD  
LONDON  
SW6 3DX**

*Date of Birth:* **03/04/1945**    *Nationality:* **British**

*Occupation:* **DIRECTOR**

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*Director 2 :*

*Name:* **MR MICHAEL DAVID  
MILLER**

*Address:* **FLAT 69 CLARENDON COURT  
33 MAIDA VALE  
LONDON  
W9 1AJ**

*Date of Birth:* **21/06/1960**    *Nationality:* **British**

*Occupation:* **COMPANY DIRECTOR**

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Director 3 :

Name: **DAVID PETER MUNNS**

Address: **BATCHWORTH COTTAGE  
BATCHWORTH HEATH  
RICKMANSWORTH  
HERTS  
WD3 1QB**

Date of Birth: **26/06/1951** Nationality: **British**

Occupation: **DIRECTOR**

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### *Share Capital*

#### *Issued Share Capital Details:*

<i>Class of Share</i>	<i>Number of Shares issued</i>	<i>Aggregate Nominal value of issued Shares</i>
<b>ORDINARY</b>	<b>100</b>	<b>GBP100</b>
<i>TOTALS</i>		
	<b>100</b>	<b>GBP100</b>

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### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 25/06/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

#### *Shareholding 1:*

**1 ORDINARY Shares held as at 25/06/2009**

Name: **NORDOFF-ROBBINS MUSIC THERAPY**

Address:

*Shareholding 2:*

**99 ORDINARY Shares held as at 25/06/2009**

*Name:*

**NORDOFF-ROBBINS MUSIC THERAPY**

*Address:*

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*Authorisation*

*Authoriser Designation:* **secretary**

*Date Authorised:* **08/09/2009**

*Authenticated:* **Yes (E/W)**