

Please complete in typescript, or in bold black capitals.

CHFP029

Annual Return

363a

Company Number	2631837	15 x
Company Name in full	TRUSTCARD LIMITED	
Date of this return The information in this return is made up to	Day Month Year	
Date of next return If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.	Day Month Year	
Registered Office Show here the address at the date of this return.	71 LOMBARD STREET	,
Any change of registered office Post town must be notified on form 287. County / Region UK Postcode	LONDON	
Principal business activities Show trade classification code number(s) for the principal activity or activities.	7499	L
If the code number cannot be determined, give a brief description of principal activity		



When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of men If the register of memb registered office, state	ers is not kept at the	
	L	
	Post town	
	County / Region	UK Postcode
Register of Deb If there is a register of or a duplicate of any s of it, which is not kept office, state here whe	f debenture holders, such register or part at the registered	N/A
	Post town	
	County / Region	UK Postcode
Company type		
Public limited company		
Private company limited	d by shares	X
Private company limited share capital	d by guarantee without	
Private company limited section 30	d by shares exempt under	Please tick the appropriate box
Private company limite under section 30	d by guarantee exempt	
Private unlimited comp	any with share capital	
Private unlimited comp	any without share capital	
Company Sec (Please photocopy this area to provide details of joint sec-	·	Details of a new company secretary must be notified on form 288a.
retaries).	Name * Style / Title	MR.
* Voluntary details.	Forename(s)	DAVID
If a partnership give the names and addresses of the part- ners or the name of	Surname(s)	JARVIS
the partnership and office address.	Address	10 CONVENT CLOSE
Usual residential address must be		
given. In the case of a corporation, or a Scottish firm, give the	POST TOWN	BECKENHAM
registered or prin- cipal office address.	County / Region	UK Postcode B R 3 5 G
	Country	ENGLAND
		Page 2

Details of new directors must be notified on form 288a **Directors** Please list directors in alphabetical order. MISS * Style / Title Name Day Month Year Directors In the case of a director that Date of birth 1 | 1 | 2 | 1 | 9 | 6 | 6 is a corporation or a Scottish firm, the name is the corpo-SARAH rate or firm name. Forename(s) Surname BARFORD WILKS 3 TOWER ROAD, STRAWBERRY HILL **Address** Usual residential address must be given. In the case of a **TWICKENHAM** Post town corporation or a Scottish firm, give the registered or principal MIDDLESEX County / Region **UK Postcode** ıW office address. Country **BRITISH** Nationality **Business occupation** COMPANY SECRETARY * Voluntary details. * Style / Title , MR. Name Day Month Year Directors In the case of a director that Date of birth 12 is a corporation or a Scottish firm, the name is the corpo-MICHAEL ROGER Forename(s) rate or firm name. Surname

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Address

Business occupation | COMPANY SECRETARY

Surname HATCHER

SS HUNYANI, ARDLEIGH ROAD

LITTLE BROMLEY

Post town MANNINGTREE

County / Region ESSEX UK Postcode C O 1 1 2 Q A

Country Mationality BRITISH

Directors Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

	Name	* Style / Title	MR.			
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.			Day Month Year			
	τ	Date of birth	2 1 / 0 3 / 1 9 4 8			
		Forename(s)	ALASTAIR JOHN			
		Surname	MICHIE			
	Address	;	14 MARLYNS CLOSE, BURPHAM			
Usual residential						
address must be given. In the case of corporation or a		Post town	GUILDFORD			
Scottish firm, give the registered or princip office address.		ounty / Region	SURREY	UK Postcode	G U 4	7 L R
		Country		Nationality	BRITISH	
	Busine	ss occupation	COMPANY SECRETARY	_		
* Voluntary details.	Name	* Style / Title	MRS.			
Directors In the			Day Month Year			
case of a director the is a corporation or Scottish firm, the		Date of birth	22/02/1964			
name is the corporate or firm name.		Forename(s)	HELEN SUZANNE			
		Surname	RODGERS			
	Addres	ss	HEATHER BANK, 6 BURSTON GARI	DENS		
Usual residential			1			
address must be given. In the case corporation or a		Post town	EAST GRINSTEAD			
Scottish firm, give t registered or princip office address.		County / Regior		UK Postcode	R H 1 9	2 H C
		Country	/	Nationality –	BRITISH	
	Busin	ess occupation	COMPANY SECRETARY			

Enter details of all the shares in issue (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock) at the date of this return. ORD SHARES OF £1 2.00 Totals £ 2.00 List of past and present shareholders There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. in another format on paper A list of changes is enclosed A full list of shareholders is enclosed Certificate I certify that the information given in this return is true to the best of my knowledge and belief. Signed **Date** † a director/secretary † Please delete as appropriate. When you have signed the return send it with the fee to the Registrar of Companies. This return includes continuation sheets. Cheques should be made payable to (enter number) Companies House. Please give the name, address, telephone number, and if available, a DX number and Exchange, for MR. D. JARVIS, 71 LOMBARD STREET, LONDON, EC3P 3BS the person Companies House should contact if there is any query. Tel | 020 7356 1187 DX number DX exchange

Class

(e.g. Ordinary/Preference)

Issued share capital

Number of

shares issued

Aggregate

Nominal Value



List of past and present shareholders Schedule to form 363a

C	Н	F	D	n	ว	a
	П	г	_	u	Z	-

Company Number	2631	837
Company Name in full	TRU	STCARD LIMITED
	L_	
	>	Changes to shareholders particulars or details of the amount of stoc or shares transferred must be completed each year
		You must provide a "full list" of all the company shareholders on:
		The company's first annual return following incorporation; Every third annual return after a full list has been provided
	1	

List the company shareholders in alphabetical order or provide an index List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stoc (if appropri Class and number of shares or amount of stock transferred	ck transferred ate) Date of registration of transfer
Name	ord shares of £1		
LLOYDS TSB BANK PLC	2	ļ	
Address			
71 LOMBARD STREET, LONDON, ENGLAND			
L	_		
L	_		
UK Postcode <u>EC3P3BS</u>			
Name			
Address	- -		
	_		
UK Postcode		·	
Name			
Address	_ _		
	_		
UK Postcode			