



COMPANIES HOUSE

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3UZ



This form should be completed in black.

The information printed below is taken from Companies House records as at 25/08/98  
If this information requires amendment use the spaces opposite.

**Date of this return** (See note 1)

The information in this return should be made up to a date not later than

| Day | Month | Year |
|-----|-------|------|
| 213 | 016   | 918  |

**Date of next return** (See note 2)

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.

**Registered Office** (See note 3)

This is the address registered by Companies House.

LYNDHURST RESIDENTIAL HOME  
20 OXFORD ROAD  
DEWSBURY  
WEST YORKSHIRE WF13 4LN

**Principal business activities** (See note 4)

Trade classification is  
9305 OTHER SERVICE ACTIVITIES

If the code cannot be determined from the notes, give a brief description of principal activity.

NW

000972.

£15.

363s

**Annual Return**

of company number 02917405

Q

**company name**

NORTHERN COMMUNITY CARE LINE LIMITED

**company type**

PRIVATE COMPANY LIMITED BY SHARES

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Day Month Year

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Day Month Year

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02917405

**Register of members** (See note 5)

The register is kept at  
REGISTERED OFFICE

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

**Register of debenture holders** (See note 6)

Any register of debenture holders (or duplicate) is kept at

**Company Secretary** (See note 7)

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

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

ANNAMALAI  
SUBRAMANIAN  
FERN BANK  
15 SAVILE ROAD  
HALIFAX  
WEST YORKSHIRE HX1 2BA

If this person has ceased to be secretary, please state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

**Directors** (See note 7)

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

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of any change.

MEENA  
SUBRAMANIAN  
FERN BANK  
15 SAVILE ROAD  
HALIFAX  
WEST YORKSHIRE HX1 2BA

Date of Birth:— 24/10/55  
Nat:INDIAN  
Occ:DIRECTOR

If this person has ceased to be director, please state when.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

Date of resignation.

Show any relevant current and previous directorships.

02917405

**Directors - continued**

Particulars.

NO MORE DIRECTORS — ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please  
state when.

Show any relevant current and previous directorships.

If the information shown needs amendment,  
give details below and the date of any change.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of any change.

Particulars.

NO MORE DIRECTORS — ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please  
state when.

Show any relevant current and previous directorships.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of resignation.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of any change.

Particulars.

NO MORE DIRECTORS — ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please  
state when.

Show any relevant current and previous directorships.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of resignation.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of any change.

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

 Date of resignation.

02917405  
**Issued Share Capital** (See note 8)

Enter details of all shares in issue at the date of this return.

| Class<br>(eg Ordinary/<br>Preference etc) | Number of<br>shares issued | Aggregate<br>nominal value<br>(ie Number of shares<br>issued multiplied by<br>nominal value per share) |
|---|----------------------------|--|
| ORDINARY                                  | 2                          | £2   |
|   |                            |  |
|   |                            |  |
|   |                            |  |
| <b>Totals</b>                             | 2                          | £2   |

**List of past and present members**  
 (See note 9)

(Use attached schedule where appropriate)

Please mark the  
 appropriate box.

A full list is required.

on paper      not on  
 paper

A full list of members is enclosed

☒
☐

**Elective resolutions** (See note 10)  
 (Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, *mark this box.*

☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, *mark this box.*

☐

**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

I enclose the fee of **£15.**

Cheques should be made payable  
 to **Companies House.**

Signed

*[Signature]*

Secretary/Director \*  
 \*(delete as appropriate)

Date

10/9/98

This return includes 2 continuation sheets.  
 (enter number)

**Please ensure that you have completed  
 all sections on this page.**

To whom should Companies House direct any  
 enquiries about the information shown in this  
 return?----->

ALLEN NORTON CA  
 ROYD HOUSE  
 286 MANNINGHAM LANE, BRADFORD  
 WEST YORKSHIRE Postcode BD8 7BP

Telephone 01274 548000 Ext JAP

## LIST OF PAST AND PRESENT MEMBERS

**SCHEDULE TO FORM 363**[illegible]

**Continued overleaf**

