



N/W L18
000130



363_a Annual Return

This form should be completed in black.

Company number

CN 2917405

Company name

NORTHERN COMMUNITY CARE LINE LIMITED.

Date of this return (See note 1)

The information in this return is made up to

Day Month Year
DA 2 3 0 6 9 5
Show date

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.

DB

Registered Office (See note 3)

Show here the address at the date of this return.

RO LYNDAHURST RESIDENTIAL HOME

20 OXFORD ROAD

Post town DEWSBURY

County/Region WEST YORKSHIRE

Postcode WF13 4LN

Any change of registered office must be notified on form 287.

Principal business activities

(See note 4)

Show trade classification code number(s) for principal activity or activities.

PA 8 9 9 9

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

CARE OF THE ELDERLY AND DISABLED.

Register of members

(See note 5)

If the register of members is not kept at the registered office, state here where it is kept.

RM

Post town

County/Region

Postcode

Register of Debenture holders

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

RD

Post town

County/Region

Postcode

Company type (See note 7)

Public limited company.....

Private company limited by shares.....

Private company limited by guarantee without share capital.....

Private company limited by shares exempt under section 30.....

Private company limited by guarantee exempt under section 30.....

Private unlimited company with share capital.....

Private unlimited company without share capital.....

T1

T2

T3

T4

T5

T6

T7

Please mark the appropriate box.

Company Secretary (See note 8)

(Please photocopy this area to provide details of joint secretaries).

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

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

* Voluntary details

Details of a new company secretary must be notified on form 288.

CS

MR.

ANNAMALAI

SUBRAMANIAN.

AD

~~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~~ 15 SAVILE ROAD

Post town HALIFAX

County/Region WEST YORKSHIRE

Postcode

HX1 2BA

Country

U.K.

Directors (See note 8)
Please list directors in alphabetical order.

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

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

Date of birth

Business occupation

Other directorships

Details of new directors **must** be notified on form 288.

CD MRS.

MEENA.

SUBRAMANIAN.

AD

~~15 SAVILE ROAD~~ 15 SAVILE ROAD

Post town HALFAX.

County/Region WEST YORKSHIRE.

Postcode HX1 2BA

Country U.K.

DO 24 10 55 Nationality **NA** INDIAN.

OC

OD

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

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

Date of birth

Business occupation

Other directorships

* Voluntary details

CD

AD

Post town

County/Region

Postcode

Country

DO Nationality **NA**

OC

OD

Issued share capital (See note 9)

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

Class	Number	Aggregate Nominal Value
ORDINARY SHARES	2	£2
Totals	2	£2.

Please mark the appropriate box(es)

There were no changes in the period ☐

on paper not on paper

A list of changes is enclosed ☐ ☐

A full list of members is enclosed ☒ ☐

List of past and present members
(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

(See note 10)


Elective resolutions (See note 11)
(Private companies only)

If an election is in force at the date of this return to dispense with annual general meetings, mark this box ☐

If an election 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.

Signed X  Secretary/Director
(delete as appropriate)

Date X 23/6/95

This return includes 1 continuation sheets.
(enter number)

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

ROGER HORSFIELD
CHARTERED ACCOUNTANTS
56 LITTLE HORTON LANE
BRADFORD BD5 0BT

Postcode _____

Telephone _____ Extension _____

When you have signed the return send it with the fee to the Registrar of Companies at

Companies House, Crown Way, Cardiff CF4 3UZ
for companies registered in England and Wales

or
Companies House, 100-102 George Street, Edinburgh EH2 3DJ
for companies registered in Scotland.

Directors (continued)

Name *Style/Title
Forenames
Surname
*Honours etc
Previous forenames
Previous surname

Address

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

Date of birth
Business occupation
Other directorships

CD	
AD	
Post town	
County/Region	
Postcode	Country
DO	Nationality NA
OC	
OD	

Name *Style/Title
Forenames
Surname
*Honours etc
Previous forenames
Previous surname

Address

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

Date of birth
Business occupation
Other directorships

CD	
AD	
Post town	
County/Region	
Postcode	Country
DO	Nationality NA
OC	
OD	

* Voluntary details

Directors (continued)**Name**

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

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

Date of birth

Business occupation

Other directorships

CD**AD**

Post town

County/Region

Postcode

Country

DO

Nationality

NA**OC****OD****Name**

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

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

Date of birth

Business occupation

Other directorships

CD**AD**

Post town

County/Region

Postcode

Country

DO

Nationality

NA**OC****OD**

* Voluntary details

SCHEDULE TO FORM 363

Company Name:

NORTHERN COMMUNITY CARE LINE LIMITED.

Name _____

Address

DEEG WING

134 PERCIVAL ROAD

Engle, M.D.

ending

13H PECIAL ROAD

ENFIELD, HOOK.

A. SUPRAMANIAN

15 SAVILE ROAD
~~1 DAYTON ST~~ ~~EL PASO~~

ITALICA

30. Morris. Hx1234

M. SUGRAMANIAN

15 AVRIL ÉCOLE
~~15 AVRIL ÉCOLE~~

LEAH

3. ~~Yorks~~ HX12BA

2

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Number of shares or amount of stock held by existing members at date of this return.

Account of Shares

(a) persons who are still members, and

(b) persons who have ceased to be members.

Number

Date of Registration
of Transfer

Remarks

—

12/4/94

Abstract

12/4/96

1

12/4/54

ITALICA

30. Morris. Hx1234

4

$$12 \overline{) 494}$$

3. ~~Yorks~~ HX12BA

2

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Account of Shares

[illegible]