



Companies House

for the record

Company Name

THE UNITED KINGDOM COUNCIL
FOR PSYCHOTHERAPY

363s Annual Return

Company Type

Private Company Limited By

Guarantee Exempt Under Sect 30

Company Number

3258939

Information extracted from
Companies House records on
9th September 2000

- > 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



A45
COMPANIES HOUSE

0409
28/10/00

Section 1: Company details

Ref: 3258939/15/42

	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>	167/169 Great Portland Street First Floor W1N 5FB	Address LONDON 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>	Address where the Register is held At Registered Office	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>	Not Applicable	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>	<table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>9112</td> <td>Professional organisations</td> </tr> <tr> <td>7512</td> <td>Regulation health, education, etc</td> </tr> </tbody> </table>	SIC Code	Description	9112	Professional organisations	7512	Regulation health, education, etc	<table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	SIC CODE	Description														
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> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.																								

Section 2: Details of Officers of the Company

	Current details	Amended details
> Company Secretary <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> <i>Particulars of a new Company Secretary must be notified on form 288.</i>	Name Pamela HOWARD Address 57 Clifton Street Brighton East Sussex BN1 3PG	Name Address UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Pamela HOWARD ceased to be secretary (if applicable) _ _ / _ _ / _ _ _ _
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Isobel Lucy BURTT Address 147 Bathurst Gardens London NW10 5JJ Date of birth 13/11/1960 Nationality British Occupation Psychotherapist	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Isobel Lucy BURTT ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Sylvia COHEN Address 11 Clifton Avenue London N3 1BN Date of birth 21/03/1943 Nationality British Occupation Psychotherapist	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Sylvia COHEN ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

	Current details	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. <i>Particulars of a new Director must be notified on form 288.</i>	Name Elizabeth COLLIS Address 74 York Road Montpelier Bristol BS6 5QF Date of birth 05/09/1941 Nationality British Occupation Psychotherapist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Elizabeth COLLIS ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> 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. <i>Particulars of a new Director must be notified on form 288.</i>	Name Jenny CORRIGALL Address 10 Willow Walk Cambridge Cambridgeshire CB1 1LA Date of birth 10/07/1944 Nationality British Occupation Psychotherapist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Jenny CORRIGALL ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> 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. <i>Particulars of a new Director must be notified on form 288.</i>	Name Dr Michael John CROWE Address 66 Palace View Shirley Croydon Surrey CR0 8QN Date of birth 16/10/1937 Nationality British Occupation Consultant Psychiatrist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Michael John CROWE ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

	Current details	Amended details
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Nancy Hale GRAHAM Address 54 Heythorp Street London SW18 5BN Date of birth 16/03/1948 Nationality American Occupation Family Therapist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Nancy Hale GRAHAM ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Christine Anne LISTER-FORD Address Woodstock Victoria Terrace Saltburn By The Sea Cleveland TS12 1HN Date of birth 04/08/1951 Nationality British Occupation Psychotherapist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Christine Anne LISTER-FORD ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Dr Del LOEWENTHAL BSC MA DPHIL C PSYCHOL UKCPREG Address 70 Kenilworth Avenue London SW19 7LR Date of birth 03/10/1947 Nationality British Occupation Lecturer/Psychotherapist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Del LOEWENTHAL BSC MA DPHIL C PSYCHOL UKCPREG ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

	Current details	Amended details
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Heward WLIKINSON BA MA CERTED RMN Address 1 Quinton Street London SW18 3QR Date of birth 22/03/1945 Nationality British Occupation Psychotherapist	Name WLIKINSON Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Heward WLIKINSON BA MA CERTED RMN ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director <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> <i>Particulars of a new Director must be notified on form 288.</i>	Name Diane ZERVAS HIRST PHD Address 3 Queensdale Place London W11 4SQ Date of birth 15/06/1945 Nationality Usa Occupation Psychologist	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Diane ZERVAS HIRST PHD 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 *Daniel Howard*
(Director / Secretary)

Date 20/10/2000

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 30/9/2000 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 **30th September 2001** 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?

Cheque ☒ Postal Order ☐ Cheque / Postal Order

Number 000353

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

L CLARKE

Telephone number *inc code*

02074363002

Address

167-169 GREAT PORTLAND
STREET
LONDON

DX number *if applicable*

DX exchange

Postcode

W1N 5FB