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## **Annual Return**

CHFP000

Company number

03359402

Company name in full

PHARMACY CHA SE

LIMITED

Date of this return

The information in this return is made up to

Month

12 410 412 6 6 19

Day

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day Month Year

CHURCH LANE

**Registered Office** 

Show here the address at the date of this return

Any change of registered office must be notified on form 287

Post town

County/Region

SOUTH KNICHTON

LEILESTER

LEICS

16/2/ **UK Postcode** 

13 1WIG

Principal business activities

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

If the code number cannot be determined,

7415

9305

give a brief description of principal activity



A22

22/05/2009 **COMPANIES HOUSE** 

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

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England or Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

Register of members If the register of members is not kept at the registered office, state here where it is kept	
Post town	
County/Region	
UK Postcode	
Register of Debenture holders  If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept	
Post town	·
County/Region	
UK Postcode	
Company type	
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	Please tick the appropriate box
Private unlimited company with share capital	
Private unlimited company without share capital	
Company Secretary Details of a new co	ompany secretary must be notified on form 288a
*Vofuntary details (Please photocopy Name *Style/Title M/2-5 this area to provide	
details of joint	NOER KAUR
tt Tick the box if the Surname! To h	
address shown is a service address for the beneficiary of a Address †† 9 CHu	IRCH LANE
Confidentiality Order granted under section 723B of the Companies South	KNIGHTON
Act 1985. Otherwise,	ESTER
the case of a composition	(C 5
or Scottish firm, give the registered or principal office address.  UK Postcode   L   E   2	13 IM IG
If a partnership, give the	
names and addresses of the partners or the name of the partnership and office address	

Directors Please list the directors Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name *Style/Title	L MR
Scottinh firm, the name is the		Day Month Year
corporate or firm name	Date of birth	1 7/1 0/1 19 6 1
	Forename(s)	AMARBIR SINGH
†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottist firm, give the registere or principal office address.	Surname	
	Address ††	9 CHURCH LANE
		SOUTH KNIGHTON
	s Post town	LEI CESTER
	County/Region	LEICESTERSHIRE
		LE2LBUG
	Country	L U. K
	Nationality	BRITISH
	Business occupation	Δ
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Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
Please list the directors	in alphabetical order  Name *Style/Title	
Please list the directors * Voluntary details In the case of a director that is a corporation or a Scottish firm, the	·	
Please list the directors Voluntary details In the case of a director that is a corporation or a	·	Day Month Year
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Please list the directors  * Voluntary details  In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name  †† Tick the box if the address shown is a service address for the	Name *Style/Title  Date of birth  Forename(s)  Surname	Day Month Year
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Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	ORDINARY				
		1			
	Totals		2-		
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your couplic company at any time this return				
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate box below:  On paper  In another format				
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.				
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.				
returns.	A list containing shareholder	changes is enclosed			
	→ For private or non-traded public companies, please complete Schedule A				
	→ For traded public corr Schedule B	npanies, please complete	e		
	There were no shareholder	changes in this period			
Certificate	I certify that the information knowledge and belief	given in this return is true	to the best of my		
Signed	Chore		Date (2-5-09		
* Please delete as appropriate	*(director / secretary)				
When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	This return includes (e	continuation sheets	s		
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.	& REGISTE  32 DE MON  LEICEST	NACLE D ACCOUNTANTS CRED AUDITORS TFORT STREET TER LE1 7GD			
		16) 29X exchange [	Page 4		
	info@pinna	16) 285 4417 <del>cleaccountants.co.uk</del>	raye 4		