



Please complete in typescript,  
or in bold black capitals.

N. West

3292

L 45 x 3

363a

## Annual Return

CHFP001

Company Number L3769748

Company Name in full L Wight Home Care Limited

### Date of this return

The information in this return is made up to

Day Month Year

L1 L3 / L0 L5 / L2 L0 L1

### 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.

L Finance House

L 19 Craven Road

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

Post town

L London

County / Region

  

UK Postcode

LW L2          L3 L8 L9

### Principal business activities

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

L8514

L9304

L9305

  

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

  

  



A17  
COMPANIES HOUSE  
31/05/01

Form revised September 1999

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

or

**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**

for companies registered in Scotland

**DX 235 Edinburgh**

## Register of members

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

[Fox Associates, 2nd Floor Saxon House

[Heritage Gate, Friary Street

Post town [DERBY

County / Region

UK Postcode

[D][E][I][ ]

[1][N][L]

## 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

Private unlimited company with share capital

Private unlimited company without share capital

☐☒☐☐☐☐☐

Please tick the appropriate box

## Company Secretary

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

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

\* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Name

\* Style / Title

Forename(s)

Surname

Address

[ ]

[Diane Marie

[Radcliffe-Valvona

[Carpenters Cottage,

[Carpenters Road,

## Usual residential address

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

Post town [St. Helen's

County / Region [Isle of Wight

UK Postcode

[P][O][3][3]

[1][Y][G]

Country

## Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name \* Style / Title \_\_\_\_\_

Day Month Year

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth [2\_][0\_] / [0\_][5\_] / [1\_][9\_] [4\_] [9\_]

Forename(s) [Diane Marie \_\_\_\_\_]

Surname [Radcliffe-Valvona \_\_\_\_\_]

Address [Carpenters Cottage, \_\_\_\_\_]

[Carpenters Road, \_\_\_\_\_]

Post town [St. Helen's \_\_\_\_\_]

County / Region [Isle of Wight \_\_\_\_\_] UK Postcode [P\_][O\_][3\_][3\_] [1\_][Y\_][G\_]

Country \_\_\_\_\_ Nationality [British \_\_\_\_\_]

Business occupation [Company Director \_\_\_\_\_]

\* Voluntary details.

Name \* Style / Title \_\_\_\_\_

Day Month Year

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth [0\_][8\_] / [0\_][4\_] / [1\_][9\_] [5\_] [2\_]

Forename(s) [Rosemary \_\_\_\_\_]

Surname [Sedgewick \_\_\_\_\_]

Address [2 Wilmington Mews, Appley Rise \_\_\_\_\_]

### Usual residential address

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

[Ryde \_\_\_\_\_]

Post town [Isle of Wight \_\_\_\_\_]

County / Region \_\_\_\_\_ UK Postcode [P\_][O\_][3\_][3\_] [1\_][L\_][E\_]

Country \_\_\_\_\_ Nationality [British \_\_\_\_\_]

Business occupation [Company Director \_\_\_\_\_]



# List of past and present shareholders Schedule to form 363a

Company Number 3769748

Company Name in full Wight Home Care Limited

- Changes to shareholders particulars or details of the amount of stock 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
- 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 stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name [Diane Marie Radcliffe-Valvona _____ Address [Carpenters Cottage, _____ [Carpenters Road, _____ [St. Helen's _____ Isle of Wight _____ UK Postcode [P. 10 3 3 1. 1Y 1G	ORDINARY 50		
Name [Rosemary Sedgewick _____ Address [2 Wilmington Mews _____ [Appley Rise _____ [Ryde _____ Isle of Wight _____ UK Postcode [P. 10 3 3 1. 1L 1E	ORDINARY 50		
Name _____ Address _____ _____ _____ UK Postcode [ [ [ [ [ [ [ [			

**Issued 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 \_\_\_\_\_ 100 \_\_\_\_\_ £100\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Totals \_\_\_\_\_ 100 \_\_\_\_\_ £100\_

**List of past and present shareholders**

(Use attached schedule where appropriate)

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

There were no changes in the period ☐

on paper in another format

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

*David M. Vally*

Date

24.5.01

† Please delete as appropriate

† a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes  continuation sheets.  
(enter number)

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

Fox Associates, 2nd Floor, Saxon House \_\_\_\_\_

Heritage Gate, Friary Street, \_\_\_\_\_

DERBY DE1 1NL Tel Ref: 3769748/MAY/RD/W150

DX number \_\_\_\_\_ DX exchange \_\_\_\_\_