

# PSC08

## Notification of PSC statements



Companies House



Go online to file this information

[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

✓ **What this form is for**  
You may use this form to tell us  
about an additional statement  
noted in the PSC register.

✗ **What this form is NOT for**  
You cannot use the form to  
about updates to statement  
PSC09).

TUESDAY



\*R76GMS35\*

RC2

22/05/2018

#42

COMPANIES HOUSE

**Don't use this form if any individual PSC is applying or has applied for protection  
from having their details disclosed on the public register.  
Contact [secureforms@companieshouse.gov.uk](mailto:secureforms@companieshouse.gov.uk) to get the correct form.**

### 1 Company details

Company number 0 3 9 7 3 8 9 9

Company name in full Berkeley Sutton Limited

The company must take reasonable steps to find out if there is anyone who is  
a registrable person or a registrable relevant legal entity (RLE), and if so, to  
identify them.

Tick the statement which applies. You can only tick one of the statements. If  
you need to tell us about more than one statement, use additional forms.

→ **Filling in this form**  
Please complete in typescript or in  
bold black capitals.

All fields are mandatory unless  
specified or indicated by \*

### 2 Register entry date

Date 1 7 0 5 2 0 1 8

Give the date that you entered the statement into the  
company's PSC register.

### 3 Company statements

- ☐ The company knows or has reasonable cause to believe that there is no  
registrable person or registrable relevant legal entity in relation to the  
company.
- ☐ The company has not yet completed taking reasonable steps to find out  
if there is anyone who is a registrable person or registrable relevant legal  
entity in relation to the company.

### 4 Person statements

Please tick the appropriate statement

- ☒ **There is an unidentified registrable person**  
The company knows or has reasonable cause to believe that there is a  
registrable person in relation to the company, but it has not identified the  
registrable person.
- ☐ **There is an identified registrable person whose particulars are  
not confirmed**  
The company has identified a registrable person in relation to the  
company but all the required particulars of that person have not been  
confirmed.

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|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>5</b>                                                                                                                                                                                                                                    | <b>Failure to comply with notice (section 790D) <sup>①</sup></b>                                                                                                                                                                                |  | <b>① Section 790D notice</b><br>Duty to investigate and obtain information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> The company has given a notice under section 790D of the Companies Act 2006 which has not been complied with.                                                                                                      |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b>                                                                                                                                                                                                                                    | <b>Failure to comply with notice (section 790E) <sup>②</sup></b>                                                                                                                                                                                |  | <b>② Section 790E notice</b><br>Duty to keep information up to date.<br><br><b>③ Individual PSC</b><br>Please give the full forename(s), surname.<br><br><b>④ This is voluntary information and if completed it will be placed on the public record.</b><br><br><b>⑤ Relevant legal entity</b><br>Please give the RLE name.<br><br><b>⑥ Other registrable person</b><br>This would be:<br><ul style="list-style-type: none"> <li>• a corporation sole</li> <li>• a government or government department of a country or territory or a part of a country or territory</li> <li>• an international organisation whose members include two or more countries or territories (or their governments)</li> <li>• a local authority or local government body in the UK or elsewhere</li> </ul> |
| <input type="checkbox"/> The registrable person or registrable relevant legal entity shown below has failed to comply with a notice given by the company under section 790E of the Companies Act 2006.                                      |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Please show the name of the individual PSC <sup>③</sup>                                                                                                                                                                                     |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Title*                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Full forename(s)                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surname                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Month/year of birth* <sup>④</sup>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Please show the name of the RLE <sup>⑤</sup>                                                                                                                                                                                                |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| RLE name                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Please show the name of the other registrable person (ORP) <sup>⑥</sup>                                                                                                                                                                     |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ORP name                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>7</b>                                                                                                                                                                                                                                    | <b>Restrictions notice <sup>⑦</sup></b>                                                                                                                                                                                                         |  | <b>⑦ Paragraph 1 of Schedule 1B to the Companies Act 2006.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| The company has issued a restrictions notice<br><input type="checkbox"/> The company has issued a restrictions notice under paragraph 1 of Schedule 1B to the Companies Act 2006.                                                           |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8</b>                                                                                                                                                                                                                                    | <b>Signature</b>                                                                                                                                                                                                                                |  | <b>⑧ Person authorised</b><br>Under either section 270 or 274 of the Companies Act 2006.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I am signing this form on behalf of the company.                                                                                                                                                                                            |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature                                                                                                                                                                                                                                   | Signature<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| This form may be signed by:<br>Director, Secretary, Person authorised <sup>⑧</sup> , Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity Commission receiver and manager, CIC manager, Judicial factor. |                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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### Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

|                    |                                 |
|--------------------|---------------------------------|
| Contact name       | Jared Cranney                   |
| Company name       | The Berkeley Group Holdings plc |
|                    |                                 |
| Address            | Berkeley House                  |
| 19 Portsmouth Road |                                 |
|                    |                                 |
| Post town          | Cobham                          |
| County/Region      | Surrey                          |
| Postcode           | K T 1 1 1 J G                   |
| Country            | United Kingdom                  |
| DX                 |                                 |
| Telephone          | 01932 868555                    |



### Checklist

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- ☐ The company name and number match the information held on the public Register.
- ☐ You have given the register entry date in section 2.
- ☐ You have ticked the appropriate statement.
- ☐ You have signed the form.



### Important information

**Please note that all information on this form will appear on the public record.**



### Where to send

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

**For companies registered in England and Wales:**  
The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**For companies registered in Scotland:**  
The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post).

**For companies registered in Northern Ireland:**  
The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.



### Further information

For further information please see the guidance notes on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)**