



Companies House

— for the record —

Company Name

TRAVEL SCREENING SERVICES LTD

363s Annual Return

Company Type

Private Company Limited By Shares

Company Number

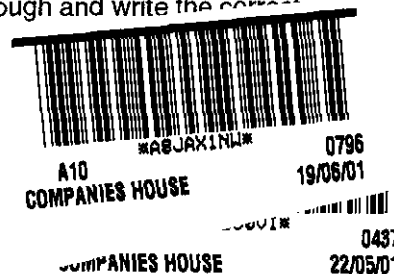
3980559

Information extracted from
Companies House records on
10th April 2001

> 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 c



Section 1: Company details

Ref: 3980559/01/01

	Current details	Amended details														
<p>> Registered Office Address</p> <p><i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i></p>	<p>26 Gowrie Road</p> <p>London</p> <p>SW11 5NR</p>	<p>Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>UK Postcode _ _ _ _ _</p>														
<p>> Register of Members</p> <p><i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i></p>	<p>Address where the Register is held</p> <p>At Registered Office</p>	<p>Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>UK Postcode _ _ _ _ _</p>														
<p>> Register of Debenture Holders</p> <p><i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i></p>	<p>Not Applicable</p>	<p>Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>UK Postcode _ _ _ _ _</p>														
<p>> Principal Business Activities</p> <p><i>Please enter principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes. Please use the most appropriate code in the list, or write a short description of your company's activities.</i></p>	<p><i>None held, please enter SIC code or description in the amended details column.</i></p>	<table border="0"> <tr> <th>SIC CODE</th> <th>Description</th> </tr> <tr> <td>8872</td> <td>MEDICAL ADVICE</td> </tr> <tr> <td></td> <td>MEDICAL SCREENING</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> </table>	SIC CODE	Description	8872	MEDICAL ADVICE		MEDICAL SCREENING	_____	_____	_____	_____	_____	_____	_____	_____
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8872	MEDICAL ADVICE															
	MEDICAL SCREENING															
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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 Sebastian KALWIJ Address 23 Ingham Road London NW6 1DG	Name Address UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Sebastian KALWIJ 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 Doctor Charles John James EASMON Address 26 Gowrie Road London SW11 5NR Date of birth 08/09/1961 Nationality British Occupation Doctor	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Doctor Charles John James EASMON ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

Section 3: Total Issued Share Capital**(B)**

> Please enter the details of the company's total share capital in the space provided below.

Issued share capital details

> Please fill in the details of total share capital by class (eg. ordinary, preference etc) that has been issued to the company's shareholders.

Class of Share

Number of shares issued

1245 1880000

Aggregate Nominal Value of issued shares

Class of Share

Number of shares issued

ORDINARY SHARES2

Aggregate Nominal Value of issued shares

£2

Class of Share

Number of shares issued

Aggregate Nominal Value of issued shares

Class of Share

Number of shares issued

Aggregate Nominal Value of issued shares

> Please fill in the total number of issued shares and their total nominal value.

Number of shares issued

2 1245 1880000

Aggregate Nominal Value of issued shares

£2

> Please send a full list of shareholders with this annual return. Use Sections 4A (and 4B if appropriate) to give the details. You must name all the shareholders.

Section 4: Details of Current Shareholders

(A)

- > Please fill in the details of any persons or corporate bodies who are shareholders at the date of this return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding separately.
- > Please use Section 4B to give details of any persons or corporate bodies who have ceased to be shareholders since the last annual return or, in the case of a first return, since the incorporation of the company.
- > Please copy this page if there is not enough space to enter all the company's current shareholders.

Shareholders details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred (If appropriate)	Date of registration of transfer (If appropriate)
Name <u>DOCTOR CHARLES JOHN</u> Address <u>JAMES EASON</u> <u>26 GOWRIE ROAD</u> <u>LONDON</u> UK Postcode <u>SW11 5NR</u>	1 ORDINARY SHARE		6 MAY 2000
Name <u>LIZA EASON</u> Address <u>26 GOWRIE ROAD</u> <u>LONDON</u> UK Postcode <u>SW11 5NR</u>	1 ORDINARY SHARE		6 MAY 2000
Name _____ Address _____ _____ _____ UK Postcode - - - - -			
Name _____ Address _____ _____ _____ UK Postcode - - - - -			

Section 4B: Details of Former Shareholders

- > Please fill in details of any persons or corporate bodies who have ceased to be shareholders at the date of this return. Also, please give the dates that their shares were transferred.
- > Please copy this page if there is not enough space to enter all the company's former shareholders.

Former shareholders details	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name <u>FORMATION DIRECTOR LIMITED</u> Address <u>376 Euston Road</u> <u>LONDON</u> UK Postcode <u>NW1 3BL</u>	1 ORDINARY SHARE	6 MAY 2006
Name <u>FORMATION SECRETARY LIMITED</u> Address <u>376 Euston</u> <u>LONDON</u> UK Postcode <u>NW1 3BL</u>	1 ORDINARY SHARE	6 MAY 2006
Name _____ Address _____ _____ _____ UK Postcode <u> </u>		
Name _____ Address _____ _____ _____ UK Postcode <u> </u>		
Name _____ Address _____ _____ _____ UK Postcode <u> </u>		



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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

(Director / Secretary)

Date

20/5/02

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 26/4/2001
- 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 26th April 2002 please give the new date here:

___ / ___ / ____

4. Where to send this form

- ☐ Please return this form to:
- | | | |
|------------------------|----|----------------------------------|
| Registrar of Companies | | For members of the Hays Document |
| Companies House | | Exchange service |
| Crown Way | OR | DX 33050 Cardiff |
| Cardiff CF14 3UZ | | |

Have you enclosed the filing fee with the company number written on the reverse of the cheque?

Cheque ☒ Postal Order ☐ Cheque / Postal Order Number _____

(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

Telephone number *inc code*

Address

DX number *if applicable*

Postcode