



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **09/06/2015**

X497WFYR

Company Name: **INDEPENDENT FETAL ANTI-CONVULSANT TRUST**

Company Number: **09075755**

Date of this return: **06/06/2015**

SIC codes: **88100**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **HEATHER BRAE SCHOOL LANE
PILLING
PRESTON
LANCASHIRE
PR3 6AA**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **EMMA**

Surname: **MURPHY**

Former names:

Service Address: **HEATHER BRAE SCHOOL LANE
PILLING
PRESTON
LANCASHIRE
PR3 6AA**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **01/12/1980** *Nationality:* **BRITISH**

Occupation: **NONE**

Company Director **2**

Type: **Person**

Full forename(s): **SAFFRON**

Surname: **PALMER**

Former names:

Service Address: **155 BROOKSIDE LANE
WALTON
STONE
STAFFS
ENGLAND
ST15 0HZ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **28/04/1970**

Nationality: **BRITISH**

Occupation: **NONE**

Company Director **3**

Type: **Person**

Full forename(s): **JANET**

Surname: **WILLIAMS**

Former names:

Service Address: **HEATHER BRAE SCHOOL LANE
PILLING
PRESTON
LANCASHIRE
PR3 6AA**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **04/11/1964**

Nationality: **BRITISH**

Occupation: **NONE**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.