

Please complete in typescript, or in bold black capitals.

CHFP029

363a

Page 1

Annual Return

. 4.	Company Number	47926		•
	A	· Observatela Bank Incomence Di	unicana i tantanai	·
en e	Company Name in full	Clydesdale Bank Insurance B	rokers Limited	
	•			
Date of th	·	Day Month Year		N.
The informati	on in this return is made up to	12 11 / 11 10 / 12 10 10 1	1	14 44 15 16 17
Date of no	ext return			
lf you wish t	o make your next return rlier than the anniversary			
of this return	please show the date here.	Day Month Year		
Companies at the appro	House will then send a form priate time.	0 11 / 11 10 / 12 10 10 13	2	
.	-1 Offi		_	
Registere Show here t	d Office he address at the date of	30 ST VINCENT PLACE	·	the state of the s
his return.		1		
Any change registered or		. 01 4 0 0 0 0 14		
must be not	ified	GLASGOW		
on form 287	County / Region			
b 4 12	UK Postcode	G 1 2 H L		* * *
	».			
Principal	business activities			
Show trade	classification code number(s)			
	pal activity or activities.	6601		
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edgisiyate Latanasiyaten				
give a brief o	umber cannot be determined, description of principal activity.	<u> </u>		(Shi)
Service CE				
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		When you have completed an Registrar of Companies at:	d signed the form pleas	se send it to the
		Companies House, Crown W for companies registered in Er		DX 33050 Cardiff
		or	•	EU4 OED
SCT COMPANII	SQLXE5BU 1239 ES HOUSE 29/10/01	Companies House, 37 Castle for companies registered in Sc	e retrace, Edinburgh, cotland	DX 235 Edinburgh

29/10/01

Form reviseu oopio

Register of m		1				
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Company typ	e					
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Private company limite section 30	ed by shares exempt under		Please tick th	ne appropriate box		,
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Private unlimited com	pany with share capital				-	
Private unlimited com	pany without share capital				•	8.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						,
Company Sec	retary					
(Please photocopy this area to provide		Details of a new c	ompany secre	tary must be notified of	n form	288a.
details of joint sec- retailes).	Name * Style / Title	MS				ACTION IN
* Voluntary details. If a partnership give	Forename(s)	JANE LINDSAY				
the names and addresses of the part-	Surname(s)	SHIRRAN		·		
ners or the name of the partnership and office address.	Address	VIZARA				
Usual residential		MOOR ROAD, STRA	THBLANE			
address must be given. In the case of a corporation, or a	Post town	GLASGOW				
Scottish firm, give the registered or principal office address.	County / Region			UK Postcode [G [6 [3	9 E \
	Country	SCOTLAND				•
n de la constitución de la const		•				Page 2

Details of new directors must be notified on form 288a **Directors** Please list directors in alphabetical order. * Style / Title 1 MR Name Day Month Year Directors in the case of a director that Date of birth |1 |6 is a corporation or a Scottish firm, the name is the corpo-Forename(s) rate or firm name. Surname | LONG I 16 TULLYNAGEE ROAD **Address** Usual residential address must be given. In the case of a Post town | COMBER corporation or a Scottish firm, give the County / Region | CO DOWN UK Postcode |B |T |2 registered or principal office address. Country | NORTHERN IRELAND Nationality BRITISH The Altertain **Business occupation** | MANAGER 13 / 1 E ... 12.0003,530 ... 4 3 Kalinet * Voluntary details.

33 · William

- 14 m	Name	* Style / Title		and Marian in the
Directors In the case of a director that is a corporation or a Scottish firm, the	t .	Date of birth	Day Month Year	
name is the corpo- rate or firm name.		Forename(s)	DAVID JOHN	
The second secon		Surname	MCPHERSON	
	Address		43 KIRKLEE ROAD	on a Raw for
Usual residential			·	
address must be given. In the case of corporation or a	a	Post town	GLASGOW	
Scottish firm, give the registered or principa office address.		unty / Region	UK Postcode G 1 2	OSP
		Country	SCOTLAND Nationality AUSTRALIA	
	Rueinaed	e accumation	ı BANKER	

Directors Please list directors i	in alpha	betical order.	betails of new directors must be	e notined on form 200a	
	Name	* Style / Title	MR	· · · · · · · · · · · · · · · · · · ·	
Directors In the case of a director that is a corporation or a Scottish firm, the	ıt	Date of birth	Day Month Year [0 5 / [0 1 / [1 9 5 6]		
name is the corporate or firm name.		Forename(s)	HOWIE JOHN	·	
1 (B) + (1)		Surname	THOMSON		
	Addre	ess	56 RUGBY ROAD		
Usual residential		·			
address must be given. In the case of corporation or a	a .	Post town	KILMARNOCK		
Scottish firm, give the registered or principal	9 1	County / Region	AYRSHIRE	UK Postcode K A 1	2 D (
office address.		Country	SCOTLAND	Nationality BRITISH	
	Busir	ness occupation	INSURANCE BROKER		
* Voluntary details.					e este
	Name	* Style / Title	MR	· · · · · · · · · · · · · · · · · · ·	andra per
Directors In the case of a director tha	t		Day Month Year		
is a corporation or a Scottish firm, the		Date of birth	1 8 / 0 4 / 1 9 5 1	·	/~ }
name is the corporate or firm name.		Forename(s)	LIAIN		
		Surname	WALKER		
	Addre	ess	14 HASTON CRESCENT		
Usual residential address must be					
given. In the case of corporation or a		Post town			
Scottish firm, give the registered or principa office address.		County / Region	PERTH	UK Postcode P H 2	7 X [
edita.	•	Country	ENGLAND	Nationality BRITISH	• •

Business occupation | MANAGER

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)
	ORD £1	350,000	£ 350,000.00
	L	•	
My Harakita Tanggaran Tanggaran	Totals	350,000	£ 350,000.00
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	There were no changes	in the period	
returns.		on paper	in another format
	A list of changes is encl	losed	
	A full list of shareholder	s is enclosed X	And the second s
Certificate	I certify that the informa knowledge and belief.	tion given in this return is	s true to the best of my
Signed	78	Date	76/10/2001
† Please delete as appropriate.	† a director/secretary	•	
en de la companya de La companya de la companya de			
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 include	s 1 co	ntinuation sheets.
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.	JUDITH WYNNE, NATIONAL AUS		SAL SERVICES, GREAT BRITAIN, 40 ST
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	DV mussless : ==	1011101010	
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	DX number 500500	DX exchange Clyd	debank



List of past and present shareholders Schedule to form 363a

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Company Number	47926	: :
mpany Name in full	Clydesdale Bank Insurance Brokers 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

	Class and	Shares or amount of sto		
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name CLYDESDALE BANK (HEAD OFFICE) NOMINEES LIMITED Address 30 ST VINCENT PLACE, GLASGOW, STRATHCLYDE LIMITED NOMINEES LIMITED LIMITED NOMINEES LIMITED NOMINEES LIMITED NOMINEES LIMITED LIMITED NOMINEES LIMITED NOMI	Ord £1		and the second s	
Name CLYDESDALE BANK PUBLIC LIMITED COMPANY	Ord £1 349,999			
Address 130 ST VINCENT PLACE, GLASGOW, STRATHCLYDE				
UK Postcode <u>[G [1 [[2 [H [L []</u>			Mary and	
Address				
UK Postcode LLLL LLL				