



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **13/01/2015**

X3Z0F9CO

Company Name: **THE WOMEN'S RAPE & SEXUAL ABUSE CENTRE, DUNDEE LTD.**

Company Number: **SC241372**

Date of this return: **18/12/2014**

SIC codes: **88990**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **2 DUDHOPE STREET
DUNDEE
SCOTLAND
DD1 1JU**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **YVONNE ANNETTE VAN OTIERLOO**

Surname: **BRADY**

Former names:

Service Address: **17 WILLIAM STREET
TAYPORT
FIFE
DD6 9HG**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **24/06/1954** *Nationality:* **BRITISH**

Occupation: **NONE**

Company Director 2

Type: **Person**

Full forename(s): **MORAG**

Surname: **DUNCAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **05/10/1962**

Nationality: **BRITISH**

Occupation: **WELFARE RIGHTS OFFICER**

Company Director **3**

Type: **Person**
Full forename(s): **MS GWEN MARYLENE**

Surname: **JOUBERT**

Former names:

Service Address: **LAURELBANK HOUSE 2 DUDHOPE STREET
DUNDEE
SCOTLAND
DD1 1JU**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **02/06/1980** *Nationality:* **BRITISH/FRENCH**
Occupation: **EQUALITIES OFFICER**

Company Director 4

Type: **Person**

Full forename(s): **MS JACKIE**

Surname: **LINDSAY**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **04/02/1965**

Nationality: **BRITISH**

Occupation: **DIABETES SPECIALIST
RESEARCH NURSE**

Company Director **5**

Type: **Person**

Full forename(s): **MS PAULINE**

Surname: **RUSSELL**

Former names:

Service Address: **LAURELBANK HOUSE 2 DUDHOPE STREET
DUNDEE
SCOTLAND
DD1 1JU**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **30/05/1967** *Nationality:* **BRITISH**

Occupation: **TEAM MANAGER (SOCIAL CARE)**

Authorisation

Authenticated

This form was authorised by one of the following:

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