



Companies House

— for the record —

Company Name

**THE FELLOWSHIP OF
POSTGRADUATE MEDICINE**

Company Type

**Private Company Limited By
Guarantee Without Share Capital**

Company Number

721213

Information extracted from
Companies House records on
14th June 2001

363s Annual Return

- > 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 capitals.

£15 BA
10 3183



A38
COMPANIES HOUSE

0418
27/09/01

Section 1: Company details

Ref: 721213/16/46

	Current details	Amended details																				
> Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	12 Chandos Street London W1G 9DR	Address UK Postcode _ _ _ _ _																				
> Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Address where the Register is held At Registered Office	Address UK Postcode _ _ _ _ _																				
> Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Not Applicable	Address UK Postcode _ _ _ _ _																				
> Principal Business Activities <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>7484</td> <td>Other business activities</td> </tr> </tbody> </table>	SIC Code	Description	7484	Other business activities	<table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	SIC CODE	Description														
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7484	Other business activities																					
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> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.																						

- > The records we hold for your company's officers are incomplete. Please enter their details below. **You must also complete and send a form 288 with this annual return if an appointment has not been notified to Companies House.**
- > Please copy this page if there is not enough space to enter all the company's officers.

Details of Officers

> Company Secretary

Please enter the details requested.

(Photocopy this area to enter details of joint secretaries).

Forenames _____

Surname or
Corporate name _____

Address _____

(Usual Residential) _____

UK Postcode _____

- > Please attach form 288 if the appointment of this company officer has not been notified to Companies House.

> Director

Please enter the details requested.

Forenames _____

Surname or
Corporate name _____

Address _____

(Usual Residential) _____

UK Postcode _____

Date of birth _____

Nationality _____

Business Occupation _____

- > Please attach form 288 if the appointment of this company officer has not been notified to Companies House.

> Director

Please enter the details requested.

Forenames _____

Surname or
Corporate name _____

Address _____

(Usual Residential) _____

UK Postcode _____

Date of birth _____

Nationality _____

Business Occupation _____

- > Please attach form 288 if the appointment of this company officer has not been notified to Companies House.

Section 2: Details of Officers of the Company

	Current details	Amended details
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Professor Peter John BARNES Address 44 Woodsome Road London NW5 1RZ Date of birth 29/10/1946 Nationality British Occupation Medical Practitioner	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Professor Peter John BARNES ceased to be director (if applicable) ____ / ____ / ____
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Dr Douglas John COLTART Address 15 Upper Wimpole Street London W1M 7TB Date of birth 07/10/1943 Nationality British Occupation Hon Secretary	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Dr Douglas John COLTART ceased to be director (if applicable) ____ / ____ / ____
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Dr Gordon Charles COOK MD DSC FRCP FRACP FLS Address 11 Old London Road St Albans Hertfordshire AL1 1QE Date of birth 17/02/1932 Nationality British Occupation Hon President Chairman	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Dr Gordon Charles COOK MD DSC FRCP FRACP FLS ceased to be director (if applicable) ____ / ____ / ____

	Current details	Amended details
> 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 Professor Jane Elizabeth DACRE Address 52 Cholmeley Crescent London N6 5HA Date of birth 11/11/1955 Nationality British Occupation Doctor Medical	Name Address UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Professor Jane Elizabeth DACRE ceased to be director (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 Charles Robert Keith HIND DOCTOR Address 45 Rodney Street Liverpool L1 9EW Date of birth 07/06/1953 Nationality British Occupation Consultant Physician	Name Address UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Charles Robert Keith HIND DOCTOR ceased to be director (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 Dr Barry Ian HOFFBRAND Address 42 Cholmeley Park London N6 5ER Date of birth 18/03/1934 Nationality British Occupation Hon Treasurer	Name Address UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Dr Barry Ian HOFFBRAND ceased to be director (if applicable) 19, 06, 2001

	Current details	Amended details
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Celia Louise INGHAM CLARK Address 26 Parkside Mill Hill London NW7 2LH Date of birth 23/05/1958 Nationality British Occupation Consultant Surgeon	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Celia Louise INGHAM CLARK ceased to be director (if applicable) 19, 06, 2001
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Professor David INGRAM BA, PHD, FBCS, (ENGMRCR HON) Address 36 Salisbury Avenue St Albans Hertfordshire AL1 4TU Date of birth 06/11/1945 Nationality British Occupation Professor	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Professor David INGRAM BA, PHD, FBCS, (ENGMRCR HON) ceased to be director (if applicable) ____ / ____ / ____
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Doctor David Geraint JAMES Address 41 York Terrace East London NW1 4PT Date of birth 02/01/1922 Nationality British Occupation Consulting Physician	Name _____ Address _____ _____ _____ UK Postcode _____ Date of birth ____ / ____ / ____ Nationality _____ Occupation _____ Date of change ____ / ____ / ____ Date Doctor David Geraint JAMES ceased to be director (if applicable) ____ / ____ / ____

	Current details	Amended details
> 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 John Francis MAYBERRY Address Cariad House The Spinney Thurnby Leicester Leicestershire LE7 9QS Date of birth 15/08/1951 Nationality British Occupation Physician	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date John Francis MAYBERRY ceased to be director (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 David John Richard MORGAN MB BS FRCP Address Links Cottage Holders Hill Crescent London NW4 1NE Date of birth 21/06/1952 Nationality British Occupation Consultant Physician	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Doctor David John Richard MORGAN MB BS FRCP ceased to be director (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 Dr Michael William Newbery NICHOLLS Address Creekside Green Acres Birdham Chichester Sussex PO20 7HL Date of birth 22/05/1931 Nationality British Occupation Hon Treasurer	Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Michael William Newbery NICHOLLS ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

	Current details	Amended details
> 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>	Name Prof Philip ROUTLEDGE Address 6 Eton Court Maes Y Coed Road Cardiff South Glamorgan CF4 4HZ Date of birth 23/09/1948 Nationality British Occupation Lecturer	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Prof Philip ROUTLEDGE ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
<i>Particulars of a new Director must be notified on form 288.</i>		
> 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>	Name Dr Donald Robert James SINGER Address 84 Argyle Road London W13 8EL Date of birth 20/08/1954 Nationality British Occupation Doctor	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Donald Robert James SINGER ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
<i>Particulars of a new Director must be notified on form 288.</i>		
> 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>	Name Professor Lesley Jill SOUTHGATE DAME Address 130 Cappell Lane Stanstead Abbots Ware Hertfordshire SG12 8BY Date of birth 25/09/1943 Nationality British Occupation Professor Of Primary Care & Me	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Professor Lesley Jill SOUTHGATE DAME ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
<i>Particulars of a new Director must be notified on form 288.</i>		

> Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

Current details**Name**

Professor Alimuddin ZUMLA

Address

6 Hamilton House
81 Southampton Row
London
WC1B 4HA

Date of birth 15/05/1955**Nationality** British**Occupation** Medical Doctor**Amended details****Name****Address**

UK Postcode _ _ _ _ _

Date of birth _ _ / _ _ / _ _ _ _

Nationality _ _ _ _ _

Occupation _ _ _ _ _

Date of change _ _ / _ _ / _ _ _ _

Date Professor Alimuddin ZUMLA
ceased to be director (if applicable)

_ _ / _ _ / _ _ _ _



Companies House

— for the record —

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

26, 9, 01

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 1/7/2001
- 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 1st July 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 103183

(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

MRS. C.M. LUMSDEN-COOK

Telephone number inc code

0207-6366334

Address

FELLOWSHIP OF POSTGRAD. MEDICINE

DX number if applicable

12 CHANDOS STREET

DX exchange

LONDON

Postcode

W1G 9DR