



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **05/10/2015**

**X4HE73RU**

*Company Name:* **EUROPEAN ASSOCIATION FOR HAEMOPHILIA AND ALLIED DISORDERS LIMITED**

*Company Number:* **06373427**

*Date of this return:* **17/09/2015**

*SIC codes:* **86220**

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

*Situation of Registered Office:* **FIFTH FLOOR 100 VICTORIA STREET  
BRISTOL  
BS1 6HZ**

## Single Alternative Inspection Location (SAIL)

*The address for an alternative location to the company's registered office for the inspection of registers is:*

**C/O FOOT ANTSEY LLP  
FIFTH FLOOR 100 VICTORIA STREET  
BRISTOL  
ENGLAND  
BS1 6HZ**

*There are no records kept at the above address*

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**Officers of the company**

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*Company Director*    ***1***

*Type:*                      **Person**

*Full forename(s):*        **PROFESSOR JAN**

*Surname:*                **ASTERMARK**

*Former names:*

*Service Address:*        **SANDBJERSGATAN 27  
LOMMA  
SWEDEN  
SE234 3**

*Country/State Usually Resident:*    **SWEDEN**

*Date of Birth:*    **30/08/1963**                      *Nationality:*    **SWEDISH**

*Occupation:*    **MEDICAL PRACTITIONER**

## *Company Director* 2

*Type:* **Person**

*Full forename(s):* **DR JAN**

*Surname:* **BLATNY**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **CZECH REPUBLIC**

*Date of Birth:* **24/03/1970**

*Nationality:* **CZECH REPUBLIC**

*Occupation:* **CONSULTANT HAEMATOLOGIST**

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## *Company Director* 3

*Type:* **Person**

*Full forename(s):* **PROFESSOR PHILIPPE**

*Surname:* **DE MOERLOOSE**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **SWITZERLAND**

*Date of Birth:* **22/08/1950**

*Nationality:* **SWISS**

*Occupation:* **PHYSICIAN**

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*Company Director* 4

*Type:* **Person**  
*Full forename(s):* **DR GERARD**

*Surname:* **DOLAN**

*Former names:*

*Service Address:* **NOTTINGHAM UNIVERSITY HOSPITALS DERBY ROAD  
NOTTINGHAM  
ENGLAND  
NG7 2UH**

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

*Date of Birth:* **14/01/1959** *Nationality:* **BRITISH**

*Occupation:* **MEDICAL PRACTITIONER**

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*Company Director*    **5**

*Type:*                                **Person**  
*Full forename(s):*                **DR KARIN CATHARINA JACOBA**

*Surname:*                         **FIJNVANDRAAT**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:*   **NETHERLANDS**

*Date of Birth:*   **06/05/1964**                                *Nationality:*   **DUTCH**

*Occupation:*     **PEDIATRIC HEMATOLOGIST**

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*Company Director*    **6**

*Type:*                                **Person**  
*Full forename(s):*                **PROFESSOR CEDRIC ROBERT JOSEPH ROGER**

*Surname:*                         **HERMANS**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:*   **BELGIUM**

*Date of Birth:*   **19/10/1966**                                *Nationality:*   **BELGIAN**

*Occupation:*     **PHYSICIAN**

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*Company Director* 7

Type: **Person**  
Full forename(s): **DR PAL ANDRE**

Surname: **HOLME**

Former names:

*Service Address recorded as Company's registered office*

Country/State Usually Resident: **NORWAY**

Date of Birth: **03/05/1967** Nationality: **NORWEGIAN**

Occupation: **PHYSICIAN**

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*Company Director* 8

Type: **Person**  
Full forename(s): **DR VICTOR**

Surname: **JIMENEZ-YUSTE**

Former names:

*Service Address recorded as Company's registered office*

Country/State Usually Resident: **SPAIN**

Date of Birth: **09/02/1966** Nationality: **SPANISH**

Occupation: **HEAD OF HEMATOLOGY**

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*Company Director*    **9**

Type:                                **Person**  
Full forename(s):                **DR ROBERT**

Surname:                           **KLAMROTH**

Former names:

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:*   **GERMANY**

*Date of Birth:*   **10/03/1968**                                *Nationality:*   **GERMAN**

*Occupation:*    **DIRECTOR OF LATERAL  
MEDICINE**

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*Company Director*    **10**

Type:                                **Person**  
Full forename(s):                **PROFESSOR MICHAEL**

Surname:                           **MAKRIS**

Former names:

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:*   **ENGLAND**

*Date of Birth:*   **15/07/1959**                                *Nationality:*   **BRITISH**

*Occupation:*    **DOCTOR**



*Company Director* 11

*Type:* **Person**

*Full forename(s):* **DR FLORA**

*Surname:* **PEYVANDI**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **ITALY**

*Date of Birth:* **29/11/1964**

*Nationality:* **ITALIAN**

*Occupation:* **ASSOCIATE PROFESSOR OF  
INTERNAL MEDICINE**

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### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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