



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **17/03/2015**

X43CSK7K

Company Name: **BRITISH SOCIETY OF BLOOD MARROW TRANSPLANTATION**

Company Number: **06462720**

Date of this return: **24/01/2015**

SIC codes: **86220**

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

Situation of Registered Office: **TALBOT HOUSE GREAT MAZE POND
LONDON
SE1 9RT**

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 BSBMT
GUY'S HOSPITAL GREAT MAZE POND
LONDON
UNITED KINGDOM
SE1 9RT

There are no records kept at the above address

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **DR JENNIFER LOUISE**

Surname: **BRYNE**

Former names:

Service Address: **1 PELHAM CRESCENT
THE PARK
NOTTINGHAM
NOTTINGHAMSHIRE
NG7 1AR**

Company Secretary 2

Type: **Person**
Full forename(s): **PROF JOHN**

Surname: **SNOWDEN**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **DR JENNIFER LOUISE**

Surname: **BRYNE**

Former names:

Service Address: **1 PELHAM CRESCENT
THE PARK
NOTTINGHAM
NOTTINGHAMSHIRE
NG7 1AR**

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

Date of Birth: **25/02/1963** *Nationality:* **BRITISH**
Occupation: **DOCTOR**

Company Director **2**

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

Surname: **COOK**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **02/07/1966** *Nationality:* **BRITISH**
Occupation: **CONSULTANT HAEMATOLOGIST**

Company Director **3**

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

Surname: **CRAWLEY**

Former names:

Service Address: **37 TUNWELLS LANE
GREAT SHELFORD
CAMBRIDGE
CAMBRIDGESHIRE
CB22 5LJ**

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

Date of Birth: **18/02/1965** *Nationality:* **BRITISH**
Occupation: **HAEMATOLOGIST**

Company Director 4

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

Surname: **DIGNAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/12/1977** *Nationality:* **BRITISH**

Occupation: **HOSPITAL DOCTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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