



Companies House

AR01 (ef)

Annual Return



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X3IYLM0J

Company Name: **BRITISH MEDICAL ASSOCIATION**

Company Number: **00008848**

Date of this return: **12/09/2014**

SIC codes: **74909**

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

Situation of Registered Office: **BMA HOUSE BRITISH MEDICAL ASSOCIATION
TAVISTOCK SQUARE
LONDON
UNITED KINGDOM
WC1H 9JP**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **DR /OBE KAILASH**

Surname: **CHAND**

Former names:

Service Address: **B M A HOUSE TAVISTOCK SQUARE
LONDON
UNITED KINGDOM
WC1H 9JP**

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

Date of Birth: **10/06/1948** *Nationality:* **BRITISH**

Occupation: **RETIRED DOCTOR**

Company Director 2

Type: **Person**
Full forename(s): **DR JOHN WILLIAM**

Surname: **CHISHOLM**

Former names:

Service Address: **B M A HOUSE TAVISTOCK SQUARE
LONDON
WC1H 9JP**

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

Date of Birth: **29/12/1950** *Nationality:* **BRITISH**

Occupation: **REGISTERED MEDICAL
PRACTITIONER**

Company Director **3**

Type: **Person**
Full forename(s): **DR ANDREW RICHARD**

Surname: **DEARDEN**

Former names:

Service Address: **23 LLWYD COED
RHIWBINA
CARDIFF
CF14 7TT**

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

Date of Birth: **07/11/1962** *Nationality:* **BRITISH**

Occupation: **GENERAL MEDICAL
PRACTITIONER**

Company Director 4

Type: **Person**

Full forename(s): **DR LEWIS GORDON**

Surname: **MORRISON**

Former names:

Service Address: **BMA HOUSE TAVISTOCK SQUARE
LONDON
U.K.
WC1H 9JP**

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

Date of Birth: **03/12/1969** *Nationality:* **BRITISH**

Occupation: **HOSPITAL CONSULTANT
(DOCTOR)**

Company Director **5**

Type: **Person**
Full forename(s): **DR JONATHAN MARK**

Surname: **PORTER**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **18/04/1962** Nationality: **BRITISH**
Occupation: **CONSULTANT MEDICAL
PRACTITIONER**

Company Director **6**

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

Surname: **WILSON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **20/05/1968** Nationality: **BRITISH**
Occupation: **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.