



Please complete in typescript,
or in bold black capitals.

305 A5
010266

363a

Annual Return

CHFP001

Company Number L2519153

Company Name in full GAELIC PREMIUM FUNDING LIMITED

Date of this return

The information in this return is made up to

Day Month Year

11 15 / 10 15 / 12 10 10 11

Date of next return

If you wish to make your next return
to a date earlier than the anniversary
of this return please show the date here.
Companies House will then send a form
at the appropriate time.

Day Month Year

 / /

Registered Office

Show here the address at the date of
this return.

121 St Thomas Street

Any change of
registered office
must be notified
on form 287.

Post town

Bristol

County / Region

UK Postcode

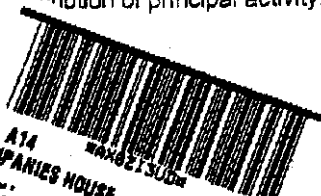
B 15 1 1 16 11 15

Principal business activities

Show trade classification code number(s)
for the principal activity or activities.

L6523 ✓

If the code number cannot be determined,
give a description of principal activity.



A14
COMPANIES HOUSE

COMPANIES HOUSE

COMPANIES HOUSE

0217
08/08/01
1608/01

Form revised September 1999

31/07/01

7.9.01-250

CHAD 21/12/99

When you have completed and signed the form please send it to the
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
or companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 235 Edinburgh

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

121 St Thomas Street

Post town Bristol

County / Region

UK Postcode

LB LS11 1 L

LS61 1PL ST

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

L L L L L

L L L L L

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

Company Secretary

Details of a new company secretary must be notified on form 288a.

(Please photocopy this area to provide details of joint secretaries)

Name * Style / Title

Mr

Forename(s)

John Menzies Ritchie

Surname

DOYLE

C.A.

Address

134 Logan Avenue

Newton Meams

Post town

Glasgow

County / Region

UK Postcode

LG 17 17 L

G 6 1 L 17

Country

Usual residential address

must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

CHAD 21/12/99

2519153

Page 2

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title

Mr

Day Month Year

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth 12 18 / 10 11 / 11 19 13 18

Forename(s) James

Surname CAMERON

Address

14 Bulloch Avenue

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Giffnock

Post town Glasgow

County / Region

UK Postcode

Country

Nationality British

Business occupation

Sales Director

* Voluntary details.

Name * Style / Title

Mr

Day Month Year

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth 11 14 / 10 17 / 11 19 14 12

Forename(s) David Livingston

Surname RUSSELL

Address

22 Seath Avenue

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Glencraigs

Post town Langbank

County / Region

UK Postcode

Country

Nationality BRITISH

Business occupation

Managing Director

Issued share capital	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
Enter details of all the shares in issue at the date of this return.	ORDINARY	100	£100
	Totals	100	£100

List of past and present shareholders
(Use attached schedule where appropriate)

A full list is required if one was not
included with either of the last two
returns.

There were no changes in the period ☐

	on paper	in another format
A list of changes is enclosed	<input type="checkbox"/>	<input type="checkbox"/>
A full list of shareholders is enclosed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Certificate

I certify that the information given in this return is true to the best of my
knowledge and belief.

Signed

John M.R. Doyle

Date

30/07/2001

† Please delete as appropriate

† a director / secretary

When you have signed the return send it
with the fee to the Registrar of Companies.
Cheques should be made payable to
Companies House.

This return includes

0

continuation sheets.

(enter number)

Please give the name, address,
telephone number, and if available,
a DX number and Exchange, for
the person Companies House should
contact if there is any query.

John M.R. Doyle

Finlay House

10-14 West Nile Street, Glasgow G0 2PP 248 5100 Ref: Premium Funding

DX number _____ DX exchange _____

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Name * Style / Title

Mr

Day Month Year

Date of birth

12 / 12 / 1951

Forename(s)

John Menzies Ritchie

Surname

DOYLE

C.A.

Address

134 Logan Avenue

Newton Mearns

Post town

Glasgow

County / Region

UK Postcode

G 7 7 L

L 6 1 L 7

Country

Nationality

BRITISH

Business occupation

Chartered Accountant

* Voluntary details

Name * Style / Title

Day Month Year

Date of birth

/ / / / /

Forename(s)

Surname

Address

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town

County / Region

UK Postcode

Country

Nationality

Business occupation



List of past and present shareholders Schedule to form 363a

Company Number 2519153

Company Name in full Gaelic Premium Funding Limited

-] Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
] You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following incorporation;
 - Every third annual return after a full list has been provided
] List the company shareholders in alphabetical order or provide an index
] List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (If amount)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name Mr David Livingston RUSSELL Address 122 Seath Avenue Glencraigs Langbank UK Postcode G14 1L 14 16 1P 1D	ORDINARY 1		
Name GAELIC CASH FLOW FINANCE LTD Address 110-114 West Nile Street Glasgow Strathclyde UK Postcode G1 1L 1L 12 1P 1P	ORDINARY 99		
Name GAEIC INVOICE FACTORS LIMITED Address Finlay House 110-114 West Nile Street Glasgow UK Postcode G1 1L 1L 12 1P 1P	ORDINARY 0	ORDINARY 99	01/07/2000

List of past and present shareholders (Continued)

Company Number _____

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate) Class and number of shares or amount of stock transferred	Date of registration of transfer
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			