



Companies House

AR01 (ef)

Annual Return



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Company Name: **UK Assistance Accident Repair Centres Limited**

Company Number: **02568507**

Date of this return: **30/06/2014**

SIC codes: **45200**

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

Situation of Registered Office: **CHURCHILL COURT WESTMORELAND ROAD
BROMLEY
KENT
ENGLAND
BR1 1DP**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **ROGER CHESTON**

Surname: **CLIFTON**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **CRAIG EUAN**

Surname: **MORTON**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **11/06/1969** Nationality: **BRITISH**

Occupation: **GROUP FINANCIAL
CONTROLLER AND DEPUTY
FINANCE DIRECTOR**

Company Director 2

Type: **Person**

Full forename(s): **MR CHRISTOPHER**

Surname: **WEEKS**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **02/10/1968**

Nationality: **BRITISH**

Occupation: **BANK OFFICIAL**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 30/06/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **2 ORDINARY shares held as at the date of this return**
Name: **DIRECT LINE INSURANCE GROUP PLC**

Authorisation

Authenticated

This form was authorised by one of the following:

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