

Mid
670
615+4
610+1
021704

363a

Please complete in typescript,
or in bold black capitals.

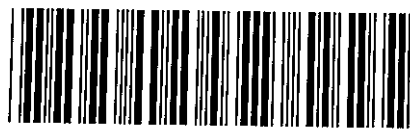
Annual Return

Company Number

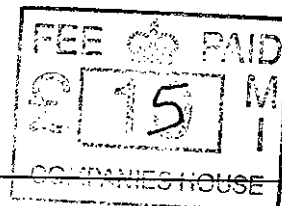
2684965

Company Name in full

LONDON WOMEN'S CLINIC LIMITED



* F 3 6 3 A C 4 0 *



Date of this return (See note 1)

The information in this return is made up to

Day Month Year

06 02 97

Date of next return (See note 2)

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

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Registered Office (See note 3)

Show here the address at the date of this return.

27/31 Blandford Street

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

Post town

London

County / Region

Postcode

W1H 3AD

Principal business activities

(See note 4)

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

8 5 1 2

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



A30 *AL0VLTTX* 437
COMPANIES HOUSE 08/03/97

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

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff
for companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh

Page 1

Register of members (See note 5)

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

Post town

County / Region

Postcode

Register of Debenture holders

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

Post town

County / Region

Postcode

Company type (See note 7)

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

X

Please mark the appropriate box

Company Secretary (See note 8)

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

Name * Style / Title

Forename(s)

Surname

Previous forename(s)

Previous surname(s)

Address

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

*Honours etc

* Voluntary details.

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

Post town

County / Region

Postcode

Directors (See note 8)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title			
	* Honours etc			
	Date of birth	Day	Month	Year
		19	03	31
Forename(s)	Wei Chen			
Surname	Cheng			
Previous forename(s)				
Previous surname(s)				
Address	No 8 Bukit Tunggal Road			
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town			
	County / Region	Singapore	Postcode	309694
	Country		Nationality	Singapore
Business occupation	Obstetrician & Gynaecologist			
Other directorships	See attached list			
* Voluntary details				

Name	* Style / Title			
	* Honours etc			
	Date of birth	Day	Month	Year
		11	06	46
Forename(s)	Cheow Seng			
Surname	Lee			
Previous forename(s)				
Previous surname(s)				
Address	47 Sunset Square			
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town			
	County / Region		Postcode	597337
	Country	Singapore	Nationality	Singapore
Business occupation	Accountant			
Other directorships	See attached list			

Directors (continued)

Details of new directors must be notified on form 288a

Name	* Style / Title				
* Honours etc		Date of birth	Day 19	Month 01	Year 33
Forename(s)	Siew Chin				
Surname	Lee				
Previous forename(s)					
Previous surname(s)					
Address	8 Bukit Tunggal Road				
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town				
	County / Region		Postcode	309694	
	Country	Singapore	Nationality	Singapore	
	Business occupation	Administrator			
Other directorships	See attached list				
* Voluntary details					

Name	* Style / Title				
* Honours etc		Date of birth	Day	Month	Year
Forename(s)					
Surname					
Previous forename(s)					
Previous surname(s)					
Address					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town				
	County / Region		Postcode		
	Country		Nationality		
	Business occupation				
Other directorships					

Please complete in typescript,
or in bold black capitals

List of past and present members Schedule to form 363a, 363b

Company Number

2684965

Company Name in full

LONDON WOMEN'S CLINIC LIMITED

Number of shares
or amount of
stock held by
existing members
at date of this
return.

Particulars of shares or stock transferred since
the date of the last return (or in the case of the
first return, since the incorporation of the
company) by
(a) persons who are still members, and
(b) persons who have ceased to be members.

Name and address	Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
Medical Supply and Services Pte Limited 339 Thomson Road Singapore 307677	Ord 300000			

Other Directorships

Continuation sheet number: 1

Company

LONDON WOMEN'S CLINIC LIMITED

Company Number

2684965

Director / Directorships

Date Resigned

Cheng, Wei Chen

HALLAM MEDICAL CENTRE LIMITED

HARLEY STREET WOMEN'S CLINIC LIMITED

LONDON SPERM BANK LIMITED

Lee, Cheow Seng

HALLAM MEDICAL CENTRE LIMITED

HARLEY STREET WOMEN'S CLINIC LIMITED

LONDON SPERM BANK LIMITED

Lee, Siew Chin

HALLAM MEDICAL CENTRE LIMITED

HARLEY STREET WOMEN'S CLINIC LIMITED

LONDON SPERM BANK LIMITED

Issued share capital (See note 9)
Enter details of all the shares in issue at the date of this return.

Class e.g. Ordinary/ Preference	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
Ordinary	300000	£300000
Totals	300000	£300000

List of past and present members

(Use attached schedule where appropriate)

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

(See note 10)

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 members is enclosed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Elective resolutions

(Private companies only)

(See note 11)


If at the date of this return an election is in force to dispense with annual general meetings, mark this box ☐

If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box ☐

Certificate

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

Signed



Date

18/2/97

† 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 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.

Leigh Carr	
27/31 Blandford Street	
London , W1H 3AD	Tel
DX number	DX exchange