



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **12/09/2015**

X4FSRT03

Company Name: **PSV HEALTHCARE LIMITED**

Company Number: **04059157**

Date of this return: **24/08/2015**

SIC codes: **46460**
47910

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

Situation of Registered Office: **UNIT 10 ADRIENNE BUSINESS CENTRE**
ADRIENNE AVENUE
SOUTHALL
MIDDLESEX
UB1 2FJ

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **SWARN**

Surname: **SURI**

Former names:

Service Address: **SEVENOAKS
73 DUCKS HILL ROAD
NORTHWOOD
MIDDLESEX
HA6 2SQ**

Company Director ***I***

Type: **Person**

Full forename(s): **SWARN**

Surname: **SURI**

Former names:

Service Address: **SEVENOAKS
73 DUCKS HILL ROAD
NORTHWOOD
MIDDLESEX
HA6 2SQ**

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

Date of Birth: **01/03/1948** *Nationality:* **BRITISH**

Occupation: **BUSINESS PERSON**

Company Director 2

Type: **Person**

Full forename(s): **VISHAL**

Surname: **SURI**

Former names:

Service Address: **73 DUCKS HILL ROAD
NORTHWOOD
MIDDLESEX
HA6 2SQ**

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

Date of Birth: **27/07/1971** *Nationality:* **BRITISH**

Occupation: **BUSINESS PERSON**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	5000
		<i>Aggregate nominal value</i>	5000
<i>Currency</i>	GBP	<i>Amount paid per share</i>	5000
		<i>Amount unpaid per share</i>	0

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	5000
		<i>Total aggregate nominal value</i>	5000

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 24/08/2015 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 : **5000 ORDINARY shares held as at the date of this return**
Name: **SWARN SURI**

Authorisation

Authenticated

This form was authorised by one of the following:

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