



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **04/03/2016**

X52208Q8

Company Name: **THE INTERNATIONAL SOCIETY FOR AFFECTIVE DISORDERS**

Company Number: **05031434**

Date of this return: **02/02/2016**

SIC codes: **82302**
86220

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **C/O CAROLINE LOVELAND
INSTITUTE OF PSYCHIATRY, PSYCHOLOGY & NEUROSCIENCE PO
72, DE CRESPIGNY PARK
DENMARK HILL
LONDON
SE5 8AF**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **DR SAGAR**

Surname: **PARIKH**

Former names:

Service Address: **56 COSMIC DRIVE
TORONTO
ONTARIO
CANADA
M3B 3G2**

Company Director 1

Type: **Person**
Full forename(s): **PROFESSOR MOHAMMAD**

Surname: **ALSUWAIDAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **KUWAIT**

Date of Birth: ****/02/1979** Nationality: **KUWAITI**

Occupation: **PROFESSOR OF PSYCHIATRY**

Company Director **2**

Type: **Person**
Full forename(s): **PROFESSOR ANTHONY**

Surname: **CLEARE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1966** *Nationality:* **BRITISH**

Occupation: **DOCTOR**

Company Director **3**

Type: **Person**
Full forename(s): **PROF SIDNEY**

Surname: **KENNEDY**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **CANADA**

Date of Birth: ****/10/1951** *Nationality:* **BRITISH**

Occupation: **PROFESSOR OF PSYCHIATRY**

Company Director 4

Type: **Person**
Full forename(s): **DR ROGER MARTIN**

Surname: **PINDER**

Former names:

Service Address: **5 MONKGATE CLOISTERS
YORK
NORTH YORKSHIRE
YO31 7HY**

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

Date of Birth: ****/06/1951** *Nationality:* **BRITISH**
Occupation: **RETIRED**

Company Director **5**

Type: **Person**

Full forename(s): **PROFESSOR HENRIUS**

Surname: **RUHE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NETHERLANDS**

Date of Birth: ****/11/1968** *Nationality:* **DUTCH**

Occupation: **PROFESSOR OF PSYCHIATRY**

Company Director **6**

Type: **Person**

Full forename(s): **PROFESSOR JANINE LINDA**

Surname: **SCOTT**

Former names:

Service Address: **61C Highbury
Jesmond
Newcastle upon Tyne
NE2 3LN**

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

Date of Birth: ****/03/1956** *Nationality:* **BRITISH**

Occupation: **MEDICAL ACADEMIC**

Company Director 7

Type: **Person**
Full forename(s): **PROF ALLAN**

Surname: **YOUNG**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/05/1961** *Nationality:* **BRITISH**

Occupation: **PROF OF PSYCHIATRY**

Authorisation

Authenticated

This form was authorised by one of the following:

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