



Companies House

AR01 (ef)

Annual Return



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Company Name: **BEST INSURANCE LTD**

Company Number: **05096772**

Date of this return: **30/11/2014**

SIC codes: **65110**
66220

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

Situation of Registered Office: **GEMINI BUSINESS CENTRE 136 - 140**
OLD SHOREHAM ROAD
HOVE
EAST SUSSEX
BN3 7BD

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **MR STUART ALEXANDER**

Surname: **BOSELEY**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **11/12/1972** *Nationality:* **BRITISH**

Occupation: **DIRECTOR**

Company Director 2

Type: **Person**
Full forename(s): **MR KESHAV**

Surname: **THUKARAM**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **20/01/1970** *Nationality:* **BRITISH**

Occupation: **DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THE HOLDERS OF THE SHARES ARE ENTITLED TO VOTE, RECEIVE INCOME AND A RETURN ON CAPITAL.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 30/11/2014 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 : **100 ORDINARY shares held as at the date of this return**
Name: **BEST RISK MANAGEMENT AND FINANCIAL SERVICE LIMITED**

Authorisation

Authenticated

This form was authorised by one of the following:

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