



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **04/03/2015**

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Company Name: **THE BANK DENTAL PRACTICE LIMITED**

Company Number: **06514052**

Date of this return: **26/02/2015**

SIC codes: **86230**

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

Situation of Registered Office: **THE BANK PRACTICE 437 BURY NEW ROAD
PRESTWICH
MANCHESTER
M25 1AF**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS DEBORAH**

Surname: **HAFFNER**

Former names:

Service Address: **42 PARK ROAD
SALFORD
M8 4HU**

Company Director **1**

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

Surname: **HAFFNER**

Former names:

Service Address: **42 PARK ROAD**
 MANCHESTER
 LANCASHIRE
 M8 4HU

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

Date of Birth: **30/09/1958** *Nationality:* **BRITISH**
Occupation: **DENTIST**

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
<i>Prescribed particulars</i>			
ALL SHARES CARRY FULL AND EQUAL RIGHTS			

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 26/02/2015 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 : **1 ORDINARY shares held as at the date of this return**
Name: **MICHAEL HAFFNER**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **DEBORAH HAFFNER**

Authorisation

Authenticated

This form was authorised by one of the following:

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