



Companies House

**AR01** (ef)

**Annual Return**



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*Company Name:* **IN TOUCH AMUSEMENT LIMITED**

*Company Number:* **07282071**

*Date of this return:* **31/08/2015**

*SIC codes:* **92000**

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

*Situation of Registered Office:* **CHARTWELL MIDDLEWICH ROAD  
WOOLSTANWOOD  
CREWE  
CHESHIRE  
CW2 8SD**

**Officers of the company**

*Company Director*    **1**

*Type:*                                **Person**  
*Full forename(s):*                **MR DAVID ANTHONY PETER**

*Surname:*                            **ELSTON**

*Former names:*

*Service Address:*                **CHARTWELL MIDDLEWICH ROAD  
WOOLSTANWOOD  
CREWE  
CHESHIRE  
ENGLAND  
CW2 8SD**

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

*Date of Birth:*    **11/09/1983**                                *Nationality:*    **BRITISH**  
*Occupation:*    **CONSULTANT**

## Statement of Capital (Share Capital)

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

### *Prescribed particulars*

**ORDINARY SHARES WITH FULL VOTING RIGHTS AND FULL PARTICIPATION IN INCOME AND CAPITAL DISTRIBUTIONS**

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## Statement of Capital (Totals)

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

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### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 31/08/2015 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* : **100 ORDINARY shares held as at the date of this return**  
*Name:* **DAVID ELSTON**

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### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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