



Companies House

AR01 (ef)

Annual Return



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Company Name: **TRAUMA HEALING CLINIC LIMITED**

Company Number: **07693676**

Date of this return: **15/05/2015**

SIC codes: **87200**

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

Situation of Registered Office: **CENTRAL OFFICE COBWEB BUILDINGS THE LANE
LYFORD
WANTAGE
OXFORDSHIRE
OX12 0EE**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MR BENJAMIN**

Surname: **FRY**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **21/08/1969**

Nationality: **BRITISH**

Occupation: **PSYCHOTHERAPIST**

Statement of Capital (Share Capital)

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

Prescribed particulars

THE ORDINARY SHARES ARE/IS ISSUED ON THE BASIS OF: ONE VOTE FOR EACH SHARE. A RIGHT TO DIVIDENDS. A RIGHT TO RETURN OF CAPITAL.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 15/05/2015 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 : **0 ORDINARY shares held as at the date of this return**
1 shares transferred on 2015-05-14

Name: **NAFSIKA MANI**

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

Name: **BENJAMIN FRY**

Authorisation

Authenticated

This form was authorised by one of the following:

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