



Annual Return

Company Name: **BRITISH SOCIETY OF GASTROENTEROLOGY**

Company Number: **08124892**



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Company Name: **BRITISH SOCIETY OF GASTROENTEROLOGY**

Company Number: **08124892**

Date of this return: **29/06/2016**

Sic Codes: **94120**

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

Situation of **3 ST ANDREWS PLACE LONDON**

Registered Office: **NW1 4LB**

Officers of the company

Company Director 1

Type: **Person**
Full Forename(s): **PROFESSOR CHARLES**
Surname: **BADEN-FULLER**
Service Address: **3 ST ANDREW PLACE LONDON
ENGLAND NW1 4LB**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/07/1948** Nationality: **BRITISH**
Occupation: **UNIVERSITY
PROFESSOR**

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Company Director 2

Type: **Person**
Full Forename(s): **MR CHRISTOPHER JOHN BERTRAM**
Surname: **BROMFIELD**
Service Address: **3 ST ANDREWS PLACE LONDON
ENGLAND NW1 4LB**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/10/1950** Nationality: **BRITISH**
Occupation: **SOLICITOR**

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Company Director 3

Type: **Person**
Full Forename(s): **MRS STELLA ANGELA**
Surname: **DUTTON**
Former Names: **MANWARING**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/02/1953** Nationality: **BRITISH**
Occupation: **RETIRED**

Company Director 4

Type: **Person**
Full Forename(s): **DR JAYNE ALISON**
Surname: **EADEN**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/12/1968** Nationality: **BRITISH**
Occupation: **CONSULTANT**
GASTROENTEROLOGIST

Company Director 5

Type: **Person**
Full Forename(s): **DR IAN**
Surname: **FORGACS**
Service Address: **3 ST ANDREWS PLACE LONDON**
ENGLAND NE1 4LB

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/10/1951** Nationality: **BRITISH**
Occupation: **CONSULTANT**
PHYSICIAN

Company Director 6

Type: **Person**
Full Forename(s): **MR NICHOLAS**
Surname: **HOILE**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/01/1985** Nationality: **BRITISH**
Occupation: **POLICY AND**
COMMUNICATIONS
CONSULTANT

Company Director 7

Type: **Person**
Full Forename(s): **DR STEPHEN**
Surname: **HUGHES**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/07/1951**

Nationality: **BRITISH**

Occupation: **MEDICAL
PRACTITIONER**

Company Director 8

Type: **Person**
Full Forename(s): **PROFESSOR PARVEEN JUNE**
Surname: **KUMAR**
Service Address: **3 ST ANDREWS PLACE LONDON
ENGLAND NW1 4LB**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/06/1942**

Nationality: **BRITISH**

Occupation: **PHYSICIAN**

Company Director 9

Type: **Person**
Full Forename(s): **MR RICHARD PATRICK**
Surname: **LANYON**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/12/1951**

Nationality: **BRITISH**

Occupation: **INVESTMENT
MANAGER**

Company Director 10

Type: **Person**
Full Forename(s): **DR DUNCAN**
Surname: **LOFT**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/04/1955** Nationality: **BRITISH**

Occupation: **CONSULTANT**
GASTROENTEROLOGIST

Company Director 11

Type: **Person**
Full Forename(s): **PROFESSOR MARTIN**
Surname: **LOMBARD**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/11/1956** Nationality: **IRISH**

Occupation: **MEDICAL**
DOCTOR

Company Director 12

Type: **Person**
Full Forename(s): **PROFESSOR CHRISTOPHER SIMON JOHN**
Surname: **PROBERT**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/04/1962** Nationality: **BRITISH**

Occupation: **ACADEMIC**
CLINICIAN

Company Director 13

Type: **Person**
Full Forename(s): **DR STEPHEN DAVID**
Surname: **RYDER**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/04/1962**

Nationality: **BRITISH**

Occupation: **DOCTOR**

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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

