



SECRETARIAT

Please complete in typescript,
or in bold black capitals.

CHFP029

363a

115708/15

Annual Return

Company Number | 21708

Company Name in full | The Medical Defence Union Limited

Date of this return

The information in this return is made up to

Day Month Year

1 6 / 1 1 / 2 0 0 3

Date of next return

If you wish to make your next return
to a date earlier than the anniversary
of this return please show the date here.
Companies House will then send a form
at the appropriate time.

Day Month Year

1 6 / 1 1 / 2 0 0 4

Registered Office

Show here the address at the date of
this return.

230 BLACKFRIARS ROAD

Any change of
registered office
must be notified
on form 287.

Post town

LONDON

County / Region

UK Postcode

S E 1 8 P J

Principal business activities

Show trade classification code number(s)
for the principal activity or activities.

7484

If the code number cannot be determined,
give a brief description of principal activity.



When you have completed and signed the form please send it to the
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 235 Edinburgh

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

X

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.

Details of a new company secretary must be notified on form 288a.

Name

* Style / Title

MR

Forename(s)

NICHOLAS JOHN

Surname(s)

BOWMAN

Address

LEGERWOOD

CHERRY GARDEN HILL

Post town

GROOMBRIDGE

County / Region

EAST SUSSEX

UK Postcode

T N 3 9 N Y

Country

ENGLAND

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title PROFESSOR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 3 1 / 0 8 / 1 9 4 0

Forename(s) PETER

Surname ARMSTRONG

Address

8 WESTROW, WESTLEIGH AVENUE

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town LONDON

County / Region

UK Postcode S W 1 5 6 R H

Country ENGLAND

Nationality BRITISH

Business occupation PROFESSOR OF RADIOLOGY

* Voluntary details.

Name * Style / Title MR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 3 0 / 0 9 / 1 9 3 6

Forename(s) HEDLEY EDWARD

Surname BERRY

Address

TWO WAYS, 39 ELWILL WAY

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town BECKENHAM

County / Region KENT

UK Postcode B R 3 3 A B

Country ENGLAND

Nationality BRITISH

Business occupation CONSULTANT SURGEON

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	SIR										
Directors	In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Day	Month	Year								
	Date of birth	1	3	0	1	1	9	3	3			
	Forename(s)	JOHN										
	Surname	CAINES										
Address	13 HAMBLEDON PLACE, DULWICH COMMON											
Usual residential address	must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.											
	Post town	LONDON										
	County / Region				UK Postcode	S	E	2	1	7	E	Y
	Country	ENGLAND			Nationality	BRITISH						
Business occupation	RETIRED CIVIL SERVANT											

* Voluntary details.

Name	* Style / Title	MR										
Directors	In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Day	Month	Year								
	Date of birth	1	3	0	4	1	9	3	3			
	Forename(s)	ROGER DAVID										
	Surname	CORLEY										
Address	51 MIDDLEWAY											
Usual residential address	must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.											
	Post town	LONDON										
	County / Region				UK Postcode	N	W	1	1	6	S	H
	Country	ENGLAND			Nationality	BRITISH						
Business occupation	ACTUARY AND DIRECTOR											

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title MR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 0 9 / 0 1 / 1 9 4 9

Forename(s) JOHN PHILIP

Surname DE BLOCQ VAN KUFFELER

Address PARK HOUSE, CHRISHALL

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town ROYSTON

County / Region HERTFORDSHIRE UK Postcode S G 8 8 Q S

Country ENGLAND Nationality BRITISH / DUTCH

Business occupation CHAIRMAN

* Voluntary details.

Name * Style / Title DR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 0 2 / 1 0 / 1 9 4 1

Forename(s) CHRISTOPHER CHARLES

Surname EVANS

Address LAGOM, GLENDYKE ROAD

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town LIVERPOOL

County / Region UK Postcode L 1 8 6 J R

Country ENGLAND Nationality BRITISH

Business occupation CONSULTANT PHYSICIAN

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title MR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 2 6 / 0 1 / 1 9 5 3

Forename(s) MAURICE MICHAEL

Surname GALLIVAN

Address

HEATHLANDS COTTAGE, ROCKFIELD ROAD

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town OXTED

County / Region SURREY

UK Postcode R H 8 0 E J

Country ENGLAND

Nationality BRITISH

Business occupation FINANCE DIRECTOR

* Voluntary details.

Name * Style / Title THE RT HON LORD

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 0 7 / 1 0 / 1 9 4 4

Forename(s) SIMON MARK

Surname GLENARTHUR

Address

NORTHBRAE FARMHOUSE, CRATHES

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town BANCHORY

County / Region KINCARDINESHIRE

UK Postcode A B 3 1 6 J Q

Country SCOTLAND

Nationality BRITISH

Business occupation DIRECTOR

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title DR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 2 6 / 0 4 / 1 9 4 4

Forename(s) JOHN GREER

Surname KENNEDY

Address

45 DRUMALIG ROAD, CARRYDUFF

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town BELFAST

County / Region

UK Postcode B T 8 8 E Q

Country NORTHERN IRELAND

Nationality BRITISH**Business occupation** HOSPITAL CONSULTANT

* Voluntary details.

Name * Style / Title MR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 0 2 / 0 5 / 1 9 3 6

Forename(s) DAVID ERIC

Surname MARKHAM

Address

12 MANOR CLOSE

Usual residential

address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town CHEADLE HULME

County / Region CHESHIRE

UK Postcode S K 8 7 D J

Country ENGLAND

Nationality BRITISH**Business occupation** CONSULTANT ORTHOPAEDIC SURGEON

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	DR														
		Day	Month	Year												
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Date of birth	2	5	/	0	4	/	1	9	4	9				
		Forename(s)	MICHAEL THOMAS													
		Surname	SAUNDERS													
Address		317 ANDOVER ROAD														
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.																
		Post town	NEWBURY													
		County / Region	BERKSHIRE					UK Postcode	R	G	2	0	0	L	N	
		Country	ENGLAND					Nationality	BRITISH							
Business occupation		CHIEF EXECUTIVE														

* Voluntary details.

Name	* Style / Title	DR														
		Day	Month	Year												
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Date of birth	2	5	/	1	1	/	1	9	5	5				
		Forename(s)	CHRISTINE MARGARET													
		Surname	TOMKINS													
Address		PARIS HOUSE, THE ROCKS ROAD														
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.																
		Post town	EAST MALLING													
		County / Region	KENT					UK Postcode	M	E	1	9	6	A	U	
		Country	ENGLAND					Nationality	BRITISH							
Business occupation		PROFESSIONAL SERVICES DIRECTOR														

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title PROFESSOR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth Day Month Year
2 8 / 0 8 / 1 9 5 6

Forename(s) THOMAS JOSEPH

Surname WALLEY

Address

108 VYNER ROAD SOUTH, BIRKENHEAD

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town LIVERPOOL

County / Region MERSEYSIDE

UK Postcode L 4 3 7 P T

Country ENGLAND

Nationality IRISH

Business occupation DOCTOR

* Voluntary details.

Name * Style / Title DR

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of birth Day Month Year
1 1 / 0 7 / 1 9 4 5

Forename(s) PETER RANDALL

Surname WILLIAMS

Address

ALAN COURT, 13 MILL LANE

OLD MARSTON

Post town OXFORD

County / Region OXON

UK Postcode O X 3 0 P Y

Country ENGLAND

Nationality BRITISH

Business occupation GENERAL PRACTITIONER

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**
(i.e. Number of shares issued
multiplied by nominal value per
share, or total amount of stock)

Totals		

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period ☒ X

on paper ☐ in another format ☐

A list of changes is enclosed ☐

A full list of shareholders is enclosed ☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Veronica Warner

Date 17.11.2003

† Please delete as appropriate.

† a director/secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

continuation sheets.

(enter number)

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

VERONICA WARNER, 230 BLACKFRIARS ROAD, LONDON, SE1 8PJ

Tel 020 7202 1555

DX number 36505

DX exchange Lambeth