



Please complete in typescript,  
or in bold black capitals.

CHFP029

# 363a

## Annual Return

NWSE #15  
010442

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 1

### 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 2

### 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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.

Name

\* Style / Title

Forename(s)

Surname(s)

Address

Post town

County / Region

Country

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

MR

NICHOLAS JOHN

BOWMAN

LEGERWOOD

CHERRY GARDEN HILL

GROOMBRIDGE

EAST SUSSEX

ENGLAND

UK Postcode

T N 3 9 N Y

**Directors**

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

<b>Directors</b> In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	<b>Name</b>	* Style / Title	MR											
		Day	Month	Year										
	<b>Date of birth</b>	3	0	/	0	9	/	1	9	3	6			
	<b>Forename(s)</b>	HEDLEY EDWARD												
	<b>Surname</b>	BERRY												
	<b>Address</b>	TWO WAYS, 39 ELWILL WAY												
<b>Usual residential address</b> must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.														
	<b>Post town</b>	BECKENHAM												
	<b>County / Region</b>	KENT					<b>UK Postcode</b>	B	R	3		3	A	B
	<b>Country</b>	ENGLAND					<b>Nationality</b>	BRITISH						
	<b>Business occupation</b>	CONSULTANT SURGEON												

\* Voluntary details.

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

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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

<b>Name</b>	* Style / Title	DR	
	Day	Month	Year
Date of birth	2	8	10 / 1933
Forename(s)	EDITH MARY		
Surname	COOKE		
<b>Address</b>	12 THE PRYORS, EAST HEATH ROAD		
	HAMPSTEAD		
Post town	LONDON		
County / Region		UK Postcode	N W 3 1 B S
Country	ENGLAND	Nationality	BRITISH
<b>Business occupation</b>	CONSULTANT MICROBIOLOGIST (RETIRED)		

\* Voluntary details.

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

<b>Name</b>	* Style / Title	MR	
	Day	Month	Year
Date of birth	1	3	04 / 1933
Forename(s)	ROGER DAVID		
Surname	CORLEY		
<b>Address</b>	51 MIDDLEWAY		
Post town	LONDON		
County / Region		UK Postcode	N W 1 1 6 S H
Country	ENGLAND	Nationality	BRITISH
<b>Business occupation</b>	ACTUARY AND DIRECTOR		

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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

<b>Name</b>	* Style / Title	MR	
	Day	Month	Year
Date of birth	09	01	1949
Forename(s)	JOHN PHILIP		
Surname	DE BLOCQ VAN KUFFELER		
<b>Address</b>	PARK HOUSE, CHRISHALL		
<b>Usual residential address</b>			
Post town	ROYSTON		
County / Region	HERTFORDSHIRE	UK Postcode	S G 8 8 Q S
Country	ENGLAND	Nationality	BRITISH / DUTCH
<b>Business occupation</b>	CHAIRMAN		

\* Voluntary details.

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

<b>Name</b>	* Style / Title	DR	
	Day	Month	Year
Date of birth	02	10	1941
Forename(s)	CHRISTOPHER CHARLES		
Surname	EVANS		
<b>Address</b>	LAGOM, GLENDYKE ROAD		
<b>Usual residential address</b>			
Post town	LIVERPOOL		
County / Region		UK Postcode	L 1 8 6 J R
Country	ENGLAND	Nationality	BRITISH
<b>Business occupation</b>	CONSULTANT PHYSICIAN		

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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

<b>Name</b>	* Style / Title	MR	
	Day	Month	Year
	Date of birth	26 / 01 / 1953	
	Forename(s)	MAURICE MICHAEL	
	Surname	GALLIVAN	
<b>Address</b>	HEATHLANDS COTTAGE, ROCKFIELD ROAD		
<b>Usual residential address</b> 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 RH8 0EJ
	Country	ENGLAND	Nationality BRITISH
	<b>Business occupation</b>	FINANCE DIRECTOR	

\* Voluntary details.

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

<b>Name</b>	* Style / Title	MR	
	Day	Month	Year
	Date of birth	05 / 12 / 1932	
	Forename(s)	RONALD WILLIAM	
	Surname	HILES	
<b>Address</b>	UP YONDER, BURY HILL		
	HAMBROOK		
<b>Usual residential address</b> must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	BRISTOL	
	County / Region		UK Postcode BS16 1SS
	Country	ENGLAND	Nationality BRITISH
	<b>Business occupation</b>	CONS. PLASTIC RECONSTRUC. & HAND SURGEON	

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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

<b>Name</b>	* Style / Title	DR	
	Day	Month	Year
	Date of birth	26 / 04 / 1944	
	Forename(s)	JOHN GREER	
	Surname	KENNEDY	
<b>Address</b>	45 DRUMALIG ROAD, CARRYDUFF		
<b>Usual residential address</b> 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 BT8 8EQ
	Country	NORTHERN IRELAND	Nationality BRITISH
	<b>Business occupation</b>	HOSPITAL CONSULTANT	

\* Voluntary details.

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

<b>Name</b>	* Style / Title	MR	
	Day	Month	Year
	Date of birth	02 / 05 / 1936	
	Forename(s)	DAVID ERIC	
	Surname	MARKHAM	
<b>Address</b>	12 MANOR CLOSE		
<b>Usual residential address</b> 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 SK8 7DJ
	Country	ENGLAND	Nationality BRITISH
	<b>Business occupation</b>	CONSULTANT ORTHOPAEDIC SURGEON	

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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 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 DIRECTOR

\* 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 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**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

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 1 1 / 0 7 / 1 9 4 5

Forename(s) PETER RANDALL

Surname WILLIAMS

**Address**

ALAN COURT, 13 MILL LANE

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

OLD MARSTON

Post town OXFORD

County / Region OXON

UK Postcode O X 3 0 P Y

Country ENGLAND

Nationality BRITISH

Business occupation GENERAL PRACTITIONER

\* Voluntary details.

Name \* Style / Title

**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

Forename(s)

Surname

**Address**

**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

County / Region

UK Postcode

Country

Nationality

Business occupation

**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

☐

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



Date

16.11.2001

† 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

(enter number)

continuation sheets.

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.

CAROLINE ROSE, 230 BLACKFRIARS ROAD, LONDON, SE1 8PJ

	Tel	020 7202 1555
DX number		DX exchange



# List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 21708

Company Name in full The Medical Defence Union Limited

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
  - The company's first annual return following incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	Date of registration of transfer
Name _____ Address _____ _____ _____ UK Postcode <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>			
Name _____ Address _____ _____ _____ UK Postcode <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>			
Name _____ Address _____ _____ _____ UK Postcode <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>			