



*Companies House*  
— for the record —

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **26/10/2009**

XR2YIEFZ

*Company Name:* **MONDIALE TRAINING AND CONSULTANCY CIC**

*Company Number:* **06720445**

*Date of this return:* **10/10/2009**

*SIC codes:* **7414**

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

*Situation of Registered Office:* **64 NELSTROP ROAD  
HEATON CHAPEL  
STOCKPORT  
CHESHIRE  
SK4 5NF**

**Officers of the company**

*Company Secretary* **I**

*Type:* **Person**

*Full forename(s):* **MS SUSAN**

*Surname:* **MCCARTHY**

*Former names:*

*Service Address:* **64 NELSTROP ROAD  
HEATON CHAPEL  
STOCKPORT  
CHESHIRE  
SK4 5NF**

---

*Company Director* **1**

*Type:* **Person**

*Full forename(s):* **MS DEBORAH JEAN**

*Surname:* **JAMES**

*Former names:*

*Service Address:* **84 BANKSIDE ROAD  
EAST DIDSBURY  
MANCHESTER  
UNITED KINGDOM  
M20 5GD**

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **29/07/1964** *Nationality:* **BRITISH**

*Occupation:* **PROJECT MANAGER**

*Company Director*      **2**

*Type:*                              **Person**  
*Full forename(s):*              **JENNIFER**  
*Surname:*                        **MCCARTHY**  
*Former names:*  
*Service Address:*              **17 APPLETON ROAD**  
   **STOCKPORT**  
   **CHESHIRE**  
   **SK4 5NA**

*Country/State Usually Resident:*   **ENGLAND**

*Date of Birth:*   **11/12/1970**                              *Nationality:*   **BRITISH**  
*Occupation:*    **SOLICITOR**

---

*Company Director*      **3**

*Type:*                              **Person**  
*Full forename(s):*              **MS SUSAN**  
*Surname:*                        **MCCARTHY**  
*Former names:*  
*Service Address:*              **64 NELSTROP ROAD**  
   **HEATON CHAPEL**  
   **STOCKPORT**  
   **CHESHIRE**  
   **SK4 5NF**

*Country/State Usually Resident:*   **ENGLAND**

*Date of Birth:*   **11/12/1970**                              *Nationality:*   **BRITISH**  
*Occupation:*    **LECTURER**

## Presenter information

---

*Contact Name:*

*Address:*

---

## *Authorisation*

*Authenticated*

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

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