

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the:

08/09/2015

Company Name:

NEW MEDICAL TECHNOLOGY LIMITED

Company Number:

SC160123

Date of this return:

31/08/2015

SIC codes:

82990

Company Type:

Private company limited by shares

Situation of Registered

Office:

MCCLURE NAISMITH

292 ST. VINCENT STREET

GLASGOW

G2 5TQ

Officers of the company

Company Secretary	1
Type:	Person
Full forename(s):	MR NICHOLAS PAUL
Surname:	LANDER
Former names:	
Service Address:	27-32 OLD JEWRY LONDON
	UNITED KINGDOM EC2R 8DQ

Company Director	1
Type: Full forename(s):	Person MR JONATHAN EDWARD
Surname:	LANDER
Former names:	
Service Address:	27-32 OLD JEWRY LONDON ENGLAND EC2R 8DQ
Country/State Usually Re	sident: UNITED KINGDOM
Date of Birth: 03/01/1968 Occupation: INVESTME	Nationality: BRITISH NT MANAGER

Company Director 2

Type: Person

Full forename(s): MR NICHOLAS PAUL

Surname: LANDER

Former names:

Service Address: 27-32 OLD JEWRY

LONDON ENGLAND EC2R 8DQ

Country/State Usually Resident: ENGLAND

Date of Birth: 30/09/1966 Nationality: BRITISH

Occupation: CHARTERED ACCOUNTANT

Statement of Capital (Share Capital)

Class of shares	ORDINARY	Number allotted	1
Currency	GBP	Aggregate nominal value	1
		Amount paid per share	0
		Amount unpaid per share	0
	-		

Prescribed particulars

NO PRESCRIBED PARTICULARS BEYOND ORDINARY SHARE RIGHTS.

Statem	ent of Capita	al (Totals)		
Currency	GBP	Total number of shares	1	
		Total aggregate nominal value	1	

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 31/08/2015 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 : 1 ORDINARY shares held as at the date of this return

Name: NMT GROUP LIMITED

Authorisation

Authenticated

This form was authorised by one of the following:

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