



**COMPANIES REGISTRY**

**Form 12**

**Companies Act 2011**

*Sections 104, 105*

**Annual report of a company**

Date of this report (dd/mm/yy) DD MM YYYY

Company number NUMBER

COMPANY NAME AND SUFFIX

*For items 1 to 8, tick the small box if correct, If not, enter a correction or amendment in the space provided. Changes in directors or their particulars not previously notified must show the date of change. A change in registered office only takes effect from the date it is registered.*

**1 Business name (if different from company name)**

BUSINESS NAME IF ANY

**2 Registered office**

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

**Postal address**

ADDRESS LINE 1

ADDRESS LINE 2

**3 Location of company records**

AT REGISTERED OFFICE or

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

**4 Main business address**

AT REGISTERED OFFICE or

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3 or

INFORMATION NOT AVAILABLE –  
PLEASE PROVIDE

POSTAL ADDRESS LINE 1

POSTAL ADDRESS LINE 2

if different from registered office

**5 Telephone**

TELEPHONE NUMBER or

INFORMATION NOT AVAILABLE –

PLEASE PROVIDE

**6 e-mail**

E-MAIL ADDRESS or

INFORMATION NOT AVAILABLE –

PLEASE PROVIDE

<input type="checkbox"/>		
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**7 Business activity codes**

0000 TEXT TEXT TEXT  
 0000 TEXT TEXT TEXT  
 0000 TEXT TEXT TEXT  
 0000 TEXT TEXT TEXT


**8 Current Directors**

TITLE FORENAME(S) SURNAME  
 ADDRESS LINE 1  
 ADDRESS LINE 2  
 ADDRESS LINE 3


TITLE FORENAME(S) SURNAME  
 ADDRESS LINE 1  
 ADDRESS LINE 2  
 ADDRESS LINE 3


TITLE FORENAME(S) SURNAME  
 ADDRESS LINE 1  
 ADDRESS LINE 2  
 ADDRESS LINE 3


**9 Former directors**

*State names and addresses of directors who have ceased to act in the past 12 months*

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**10 Share capital**

*State number of shares issued for cash and for consideration other than cash*

Issued for cash:

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Issued for consideration other than cash:

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**11 Accounting policies**

*State any change in accounting policies during the year. If none, state 'NONE'*

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**12 Accounts**

*Attach accounts (with audit report where applicable). Tick the box to confirm*

Accounts attached

**Signed on behalf of the board by 2 directors (unless there is only one)**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_