

# G

FORM No. 600

# 600

## Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

CHWP000

Please do not  
write in  
this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete  
legibly, preferably  
in black type, or  
bold block letteringTo the Registrar of Companies  
(Address overleaf)

For official use

Company number

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03263017

Name of company

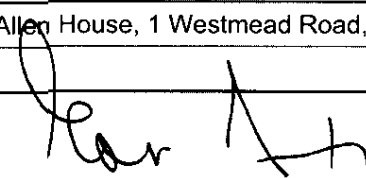
\* insert full name  
of company

\* Integrated Care Services Limited

Nature of Business

Care Services

I / ~~We~~ give notice that I / ~~we~~ have been appointed liquidator(s) of the above company  
on 31 October 2017† delete as  
appropriateThe appointment was by [~~the company~~] [the creditors]†Type of liquidation [~~Members~~] [Creditors]†

Name of Liquidator Martin Armstrong	
Office holder number 6212	
Address Allen House, 1 Westmead Road, Sutton SM1 4LA	
Signature 	Date 6.11.2017.

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name address and  
reference (if any) :

Time Critical Reference

For official Use (02/06)  
General Section

Post room

WEDNESDAY



\*A6ISOT6X\*

A24

08/11/2017

#130

COMPANIES HOUSE