

600

Notice of appointment of liquidator in a
members' or creditors' voluntary winding up



Companies House

SATURDAY



A07 *A72EXP41* 24/03/2018 #45
COMPANIES HOUSE

1 Company details

Company number 0 3 8 9 1 4 0 1

Company name in full Safe Patient Systems Limited

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Diana

Surname Frangou

3 Liquidator's address

Building name/number RSM Restructuring Advisory LLP, St Philips Point
Street Temple Row

Post town Birmingham

County/Region

Postcode B 2 5 A F

Country

4 Liquidator's email address or telephone number ^①

Email address restructuring.birmingham@rsmuk.com

Telephone number 0121 214 3100

① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 5 5 9

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Guy Edward Brooke		
Surname	Mander		
7	Liquidator's address ^②		② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	RSM Restructuring Advisory LLP, St Philips Point		
Street	Temple Row		
Post town	Birmingham		
County/Region			
Postcode	B 2 5 A F		
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	restructuring.birmingham@rsmuk.com		
Telephone number	0121 214 3100		
9	Insolvency practitioner number		
Number	8 8 4 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 9 m 0 m 3 y 2 y 0 y 1 y 8		
11	Appointment details		
	The appointment was made by (Tick one) ☒ Company ☐ Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type ☐ Members ☒ Creditors		
13	Sign and date		
Liquidator's signature	Signature: 		
Signature date	d 2 d 2 m 0 m 3 y 2 y 0 y 1 y 8		

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Notice of appointment of liquidator in a members' or creditors' voluntary winding up** Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name **Diana Frangou**

Company name **RSM Restructuring Advisory LLP**

Address **St Philips Point, Temple Row**

Post town **Birmingham**

County/Region

Postcode **B 2 5 A F**

Country

DX

Telephone **0121 214 3100**

** Checklist**

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- ☐ You have signed and dated the form.

** Important information**

All information on this form will appear on the public record.

** Where to send**

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.

** Further information**

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse

600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number ^①	
Email address		^① You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number		
5	Insolvency practitioner number	
Insolvency practitioner number		