In accordance with section 109 of the Insolvency Act 1986

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



1	Company details	
Company number	0 4 4 2 7 0 9 4	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Lifescan Limited	
2	Liquidator's name	
Full forename(s)	Howard	
Surname	Smith	
3	Liquidator's address	
Building name/number	9th Floor, 10	
Street	Fleet Place	
Post town		
County/Region	London	
Postcode	E C 4 M 7 R B	
Country	United Kingdom	
4 Liquidator's email address or telephone number •		• You must give an email address o
Email address		telephone number. All information on this form will appear on the public record.
Telephone number	0203 989 2800	
5	Insolvency practitioner number	
Number	9 3 4 1	

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6	Liquidator's name ¹⁰		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address ®		
Building name/number		Other Liquidator's details Use this section to tell us about another liquidator. Use the	
Street			
_		continuation page to tell us about more than two liquidators.	
Post town			
County/Region			
Postcode			
Country			
8	Liquidator's email address or telephone number [©]	You must give an email address or	
Email address		telephone number. All information on this form will appear on the	
Telephone number		public record.	
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
11	Appointment details		
	The appointment was made by		
	(Tick one) Company		
	via court order as part of a block transfer		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	☑ Members		
	□ Creditors		
13	Sign and date		
iquidator's signature	Signature		
	* Howard Entr	X	
Signature date	d 2 d 0 0 6 y 2 y 0 y 2 y 2		
		·	

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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 Company name Interpath Ltd Address 9th Floor, 10 Fleet Place

✓ Checklist

Post town

County/Region

Postcode

Country

Telephone

DX.

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.

London

 $E \mid C$

0203 989 2800

United Kingdom

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.

7 Further information

 $R \mid B$

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