

600

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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 0 4 5 8 1 2 5 4

Company name in full Sarissa Biomedical Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Sandra Lillian

Surname Mundy

3 Liquidator's address

Building name/number James Cowper Kreston

Street The White Building

1-4 Cumberland Place

Post town Southampton

County/Region

Postcode S O 1 5 2 N P

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 023 8022 1222


^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 4 4 1

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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)	Thomas Charles	
Surname	Russell	
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	James Cowper Kreston	
Street	1-4 Cumberland Place	
Post town	Southampton	
County/Region		
Postcode	S O 1 5 2 N P	
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		
Telephone number	023 8022 1222	
9 Insolvency practitioner number		
Number	1 5 9 9 4	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	^d 1 ^d 7 ^m 0 ^m 3 ^y 2 ^y 0 ^y 2 ^y 1	
11 Appointment details		
The appointment was made by (Tick one)		
<input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12 Type of liquidation		
Tick to confirm the liquidation type		
<input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13 Sign and date		
Liquidator's signature	Signature 	
Signature date	^d 1 ^d 8 ^m 0 ^m 3 ^y 2 ^y 0 ^y 2 ^y 1	

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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 **Andrew Stott**

Company name **James Cowper Kreston**

Address **The White Building**

1-4 Cumberland Place

Post town **Southampton**

County/Region

Postcode **S O 1 5 2 N P**

Country

DX

Telephone **023 8022 1222**

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