

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 5 2 4 1 6 8 5

Company name in full West Ham Medical Practice Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Adam Solomon

Surname Nakar

3 Liquidator's address

Building name/number Unit 2 Spinnaker Court

Street 1C Becketts Place

Post town Hampton Wick

County/Region Kingston upon Thames

Postcode K T 1 4 E Q

Country

4 Liquidator's email address or telephone number ^①

Email address insolvency@wsm.co.uk

Telephone number 020 8939 8240

^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 1 9 5 3 0

600

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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)	Richard Andrew		
Surname	Segal		
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	Unit 2 Spinnaker Court		
Street	1C Becketts Place		
Post town	Hampton Wick		
County/Region	Kingston upon Thames		
Postcode	K T 1 4 E Q		
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	insolvency@wsm.co.uk		
Telephone number	020 8939 8240		
9	Insolvency practitioner number		
Number	2 6 8 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 0 4 m 0 8 y 2 0 y 2 1		
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 1 0 m 0 8 y 2 0 y 2 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

Adam Solomon Nakar

Company name

WSM Marks Bloom LLP

Address

Unit 2 Spinnaker Court

1C Becketts Place

Post town

Hampton Wick

County/Region

Kingston upon Thames

Postcode

K T 1 4 E Q

Country

DX

Telephone

020 8939 8240



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