

# 600

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



Companies House

FRIDAY



A01 \*A776MNA1\*  
01/06/2018 #268  
COMPANIES HOUSE

### 1 Company details

Company number 0 5 7 0 4 0 8 3

Company name in full CARILLION (ASPIRE CONSTRUCTION) HOLDINGS LIMITED

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

### 2 Liquidator's name

Full forename(s) LAURA MAY

Surname WATERS

### 3 Liquidator's address

Building name/number PRICEWATERHOUSECOOPERS LLP

Street 7 MORE LONDON RIVERSIDE

Post town LONDON

County/Region

Postcode S E 1 2 R T

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number +44 (0) 20 7583 5000


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 7 7

600

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<b>6</b>	<b>Liquidator's name <sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	ROBERT NICHOLAS		
Surname	LEWIS		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
<b>7</b>	<b>Liquidator's address <sup>②</sup></b>		
Building name/number	PRICEWATERHOUSECOOPERS LLP		
Street	7 MORE LONDON RIVERSIDE		
Post town	LONDON		
County/Region			
Postcode	S E 1 2 R T		
Country			<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
<b>8</b>	<b>Liquidator's email address or telephone number <sup>③</sup></b>		
Email address			
Telephone number	+44 (0) 20 7583 5000		
<b>9</b>	<b>Insolvency practitioner number</b>		
Number	9 2 7 7		
<b>10</b>	<b>Statement of appointment</b>		
	I confirm the appointment of the liquidator(s) on		
Date	d 3 0 m 0 5 y 2 0 y 1 8		
<b>11</b>	<b>Appointment details</b>		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
<b>12</b>	<b>Type of liquidation</b>		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
<b>13</b>	<b>Sign and date</b>		
Liquidator's signature	Signature X  X		
Signature date	d 3 0 m 0 5 y 2 0 y 1 8		

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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	AMY GOODMAN									
Company name	PRICEWATERHOUSECOOPERS									
Address	CENTRAL SQUARE									
29 WELLINGTON STREET										
Post town	LEEDS									
County/Region										
Postcode	L	S	1	4	D	L				
Country										
DX										
Telephone										



## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)