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



Companies House

WEDNESDAY



A31 \*A8AULEGO\* #200  
31/07/2019  
COMPANIES HOUSE

**1** Company details

Company number 0 6 6 6 2 7 1 3  
Company name in full Carewatch Acquisitions Limited

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

**2** Liquidator's name

Full forename(s) Oliver  
Surname Haunch

**3** Liquidator's address

Building name/number 30 Finsbury Square  
Street  
Post town London  
County/Region  
Postcode E C 2 P 2 Y U  
Country

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

Email address  
Telephone number 0161 953 6900


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 2 0 9 5 0

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<b>6</b>	<b>Liquidator's name <sup>①</sup></b>	
Full forename(s)	Daniel R W	
Surname	Smith	
		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
<b>7</b>	<b>Liquidator's address <sup>②</sup></b>	
Building name/number	30 Finsbury Square	
Street		
Post town	London	
County/Region		
Postcode	E C 2 P 2 Y U	
Country		
		<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>8</b>	<b>Liquidator's email address or telephone number <sup>③</sup></b>	
Email address		
Telephone number	0161 953 6900	
		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
<b>9</b>	<b>Insolvency practitioner number</b>	
Number	8 3 7 3	
<b>10</b>	<b>Statement of appointment</b>	
I confirm the appointment of the liquidator(s) on		
Date	d 2 3 m 0 7 y 2 0 y 1 9	
<b>11</b>	<b>Appointment details</b>	
The appointment was made by (Tick one)		
<input type="checkbox"/> Company		
<input checked="" type="checkbox"/> Creditors		
<b>12</b>	<b>Type of liquidation</b>	
Tick to confirm the liquidation type		
<input type="checkbox"/> Members		
<input checked="" type="checkbox"/> Creditors		
<b>13</b>	<b>Sign and date</b>	
Liquidator's signature	Signature X  X	
Signature date	d 2 5 m 0 7 y 2 0 y 1 9	

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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	Matthew Drinkwater
Company name	Grant Thornton UK LLP
Address	4 Hardman Square Spinningfields
Post town	Manchester
County/Region	
Postcode	M 3 3 E B
Country	
DX	
Telephone	0161 953 6900



### 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)