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

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

1	Company details	
		a Eilling in this form
Company number	0 6 9 5 7 8 8 6	→ Filling in this form Please complete in typescript or in
Company name in full	Crawford Healthcare (R&D) Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Richard	
Surname	Barker	
3	Liquidator's address	
Building name/number	1 More London Place	
Street		
Post town	London	
County/Region		
Postcode	SE12AF	
Country	United Kingdom	
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	rbarker@parthenon.ey.com	telephone number. All information on this form will appear on the
Telephone number	020 7951 2000	public record.
5	Insolvency practitioner number	
Number	17150	

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6	Liquidator's name ⁰		
Full forename(s)	Matthew	Other Liquidator's details Use this section to tell us about	
Surname	Coomber	another liquidator.	
7	Liquidator's address @		
Building name/number	1 More London Place	Other Liquidator's details	
itreet		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town	London		
County/Region			
Postcode	SEI ZAF		
Country	United Kingdom		
8	Liquidator's email address or telephone number 🖲	You must give an email address or	
Email address	mcoomber@parthenon.ey.com	telephone number. All information on this form will appear on the	
Telephone number	020 7951 2000	public record.	
9	Insolvency practitioner number		
Number	2 4 4 3 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 0 0 0 3 0 0 0 3 0 0 0 3 0 0 0 2 0 0 0 2 0 3 0 3 0 4 0 4 0 5 0 6 0 7 0 7 0 8 0 9 <td></td>		
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 **Magadam**	×	
Signature date	$\begin{bmatrix} 1 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$		

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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 Maria Prince		
Company name Ernst & Young LLP		
^{Address} 1 More London Place		
Post town London		
County/Region		
Postcode S E 1 2 A F		
United Kingdom		
DX		
+44 20 7951 2093		

✓ 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.

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.

t 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