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

Companies House

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

1 Company details

Company number	09216699
Company name in full	SAGA HEALTHCARE 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	PwC
Street	7 MORE LONDON RIVERSIDE
Post town	LONDON
County/Region	
Postcode	SE12RT
Country	UK

4 Liquidator's email address or telephone number ❶

Email address	laura.m.waters@pwc.com
Telephone number	

❶ 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	9477

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6 Liquidator's name ❶

Full forename(s)	STEVEN
Surname	SHERRY

❶ **Other Liquidator's details**
Use this section to tell us about another liquidator.

7 Liquidator's address ❷

Building name/number	PwC
Street	7 MORE LONDON RIVERSIDE
Post town	LONDON
County/Region	
Postcode	S E 1 2 R T
Country	UK

❷ **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.

8 Liquidator's email address or telephone number ❸

Email address	steven.a.sherry@pwc.com
Telephone number	

❸ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number	1 9 7 5 2

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date	d 2 d 7 m 0 m 1 y 2 y 0 y 2 y 2

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 X  X
Signature date	d 2 d 8 m 0 m 1 y 2 y 0 y 2 y 2

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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: ZAHRA ABDUL-HUSSAIN
Company name: PwC
Address: ONE CHAMBERLAIN SQUARE
Post town: BIRMINGHAM
County/Region:
Postcode: B 3 3 A X
Country: UK
DX:
Telephone: 07483 416947

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