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



Companies House

MONDAY



A08

A8YHN8ZE

10/02/2020

#32

COMPANIES HOUSE

or to

1 Company details

Company number 0 9 4 5 1 6 4 4

Company name in full Sky Clinic Ltd

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

2 Liquidator's name

Full forename(s) Jamie

Surname Playford

3 Liquidator's address

Building name/number Lawrence House

Street 5 St Andrews Hill

Post town Norwich

County/Region

Postcode N R 2 1 A D

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01603 552028

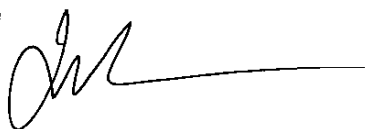
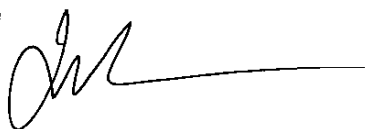
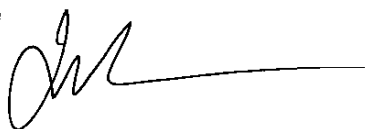
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 7 3 5

600

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| | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 6 | Liquidator's name ^① | | | | | | | | | | | | | | | | | |
| Full forename(s) | | ① Other Liquidator's details Use this section to tell us about another liquidator. | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | |
| 7 | Liquidator's address ^② | | | | | | | | | | | | | | | | | |
| Building name/number | | 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. | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | |
| Post town | | | | | | | | | | | | | | | | | | |
| County/Region | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | |
| 8 | Liquidator's email address or telephone number ^③ | | | | | | | | | | | | | | | | | |
| Email address | | ③ You must give an email address or telephone number. All information on this form will appear on the public record. | | | | | | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | | | | | | | | |
| 9 | Insolvency practitioner number | | | | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | | | | | |
| 10 | Statement of appointment | | | | | | | | | | | | | | | | | |
| | I confirm the appointment of the liquidator(s) on | | | | | | | | | | | | | | | | | |
| Date | <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>0</td><td>4</td><td>0</td><td>2</td><td>2</td><td>0</td><td>2</td><td>0</td></tr></table> | d | d | m | m | y | y | y | y | 0 | 4 | 0 | 2 | 2 | 0 | 2 | 0 | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | |
| 0 | 4 | 0 | 2 | 2 | 0 | 2 | 0 | | | | | | | | | | | |
| 11 | Appointment details | | | | | | | | | | | | | | | | | |
| | The appointment was made by (Tick one) | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Company | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Creditors | | | | | | | | | | | | | | | | | |
| 12 | Type of liquidation | | | | | | | | | | | | | | | | | |
| | Tick to confirm the liquidation type | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Members | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Creditors | | | | | | | | | | | | | | | | | |
| 13 | Sign and date | | | | | | | | | | | | | | | | | |
| Liquidator's signature | <table border="1"><tr><td>Signature</td><td></td></tr><tr><td>X </td><td>X</td></tr></table> | Signature | | X  | X | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | |
| X  | X | | | | | | | | | | | | | | | | | |
| Signature date | <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>0</td><td>5</td><td>0</td><td>2</td><td>2</td><td>0</td><td>2</td><td>0</td></tr></table> | d | d | m | m | y | y | y | y | 0 | 5 | 0 | 2 | 2 | 0 | 2 | 0 | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | |
| 0 | 5 | 0 | 2 | 2 | 0 | 2 | 0 | | | | | | | | | | | |

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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 | Chloe Phillips |
| Company name | Leading Business Services Ltd |
| Address | Lawrence House 5 St Andrews Hill |
| Post town | Norwich |
| County/Region | |
| Postcode | N R 2 1 A D |
| Country | |
| DX | |
| Telephone | 01603 552028 |

**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