

600

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



Companies House



1		Company details
Company number	0 9 9 3 3 7 6 4	
Company name in full	CROOKHAM CARE VILLAGE LIMITED	
		→ Filling in this form Please complete in typescript or in bold black capitals.
2		Liquidator's name
Full forename(s)	HARJINDER	
Surname	JOHAL	
3		Liquidator's address
Building name/number	601	
Street	HIGH ROAD LEYTONSTONE	
Post town	LONDON	
County/Region		
Postcode	E 1 1 4 P A	
Country		
4		Liquidator's email address or telephone number ^①
Email address	harjinderjohal@ashcrofts.net	
Telephone number	020 8556 2888	
5		Insolvency practitioner number
Number	9 1 7 5	

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6 Liquidator's name ^①

Full forename(s)	GEORGE
Surname	MICHAEL

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address ^②

Building name/number	601
Street	HIGH ROAD LEYTONSTONE
Post town	LONDON
County/region	
Postcode	E 1 1 4 P A
Country	

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.

8 Liquidator's email address or telephone number ^③

Email address	georgemichael@ashcrofts.net
Telephone number	020 8556 2888

③ 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	9	2	3	0			
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on	
Date	d 2 9 m 0 6 y 2 0 y 2 0

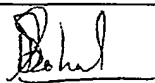
11 Appointment details

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:	Signature X  X
Signature date	d 3 0 m 0 6 y 2 0 y 2 0

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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

Company name

ASHCROFTS

Address

601 HIGH ROAD LEYTONSTONE

Post town

LONDON

County/Region

Postcode

E 1 1 4 P A

Country

DX

Telephone

020 8556 2888

**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