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		
Company number	1 1 1 9 8 4 0 7	→ Filling in this form	
Company name in full	Burton Orthopaedic Services Ltd	Please complete in typescript or in bold black capitals.	
	Durton Orthopaedic Gervices Eta		
2	Liquidator's name		
Full forename(s)	Timothy		
Surname	Heaselgrave		
3	Liquidator's address		
Building name/number	Darwin House		
Street			
Post town	7 Kidderminster Road		
County/Region	Bromsgrove		
Postcode	B 6 1 7 J J		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address o	
Email address		telephone number. All informatio on this form will appear on the	
Telephone number	01527 314050	public record.	
5	Insolvency practitioner number		
Number	9 1 9 3		

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6	Liquidator's name ⁰		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address [®]		
Building name/numbe		Other Liquidator's details	
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town			
County/Region			
Postcode			
Country			
3	Liquidator's email address or telephone number 9	You must give an email address or	
Email address		telephone number. All information on this form will appear on the	
Telephone number		public record.	
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date			
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	×	
Signature date	$\begin{bmatrix} 1 \\ 2 \end{bmatrix} \begin{bmatrix} 1 \\ 5 \end{bmatrix} \begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 2 \end{bmatrix} \begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 1 \\ 2 \end{bmatrix} \begin{bmatrix} 1 \\ 4 \end{bmatrix} \begin{bmatrix} 1 \\ 4 \end{bmatrix}$		

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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 Company name The Timothy James Partnership Address Darwin House 7 Kidderminster Road Post town **Bromsgrove** County/Region Postcode 6 В Country DX Telephone 01527 314050

✓ 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