



CHFP080

FORM No. 600

**Notice of appointment of liquidator
Voluntary winding up
(Members or Creditors)****600**Please do not
Write in this margin**Please complete
legibly
preferably
in black type or
bold block
lettering***Insert full name
of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies
(Address Overleaf)

For official use

Company number

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00460740

Name of Company

Dixons Surgical Instruments LTD

Nature of Business

Manufacture of medical and dental instruments and supplies

I give notice that I have been appointed liquidator of the above company on 2 November 2017

The appointment was by the Members and Creditors

Type of liquidation - Creditors Voluntary Liquidation

Name of Liquidator	Alan J Clark
Office holder number	8760
Address	Recovery House 15-17 Roebuck Road Hainault Business Park Ilford, Essex IG6 3TU

Signature

Date 03/11/2017

Name of Liquidator
Office holder number
Address

Signature

Date

Presenter's name and address and
reference (If any):WAD3017
Alan J Clark
Carter Clark
Recovery House
15-17 Roebuck Road
Hainault Business Park
Ilford, Essex
IG6 3TU
Telephone: 020 8559 5092**Time Critical Reference**For Official Use
General Section

Post room

FRIDAY



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A07

10/11/2017

#331

COMPANIES HOUSE