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 0 8 8 2 8 5 3	Filling in this form	
Company name in full	INTEGRATED PHARMA SERVICES (UK) LTD	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	KEVIN		
Surname	MCLEOD		
3	Liquidator's address		
Building name/number	SAVANTS		
Street	83 VICTORIA STREET		
Post town	LONDON		
County/Region			
Postcode	SW1H0HW		
Country	UNITED KINGDOM		
4	Liquidator's email address or telephone number 🍑	• You must give an email address or	
Email address	KMCLEOD@SAVANTS.CO.UK	telephone number. All information on this form will appear on the	
Telephone number	0208 819 3191	public record.	
5	Insolvency practitioner number		
Number	9 4 3 8		

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

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

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	KEVIN MCLEOD
Company name	
Address	83 VICTORIA STREET
Post town	LONDON
County/Region	
Postcode	SW1H0HW
Country	UNITED KINGDOM
DX	
Telephone	0208 819 3191

✓ 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

In accordance with section 109 of the Insolvency Act 1986.

600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		● You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	pasite receitai
Insolvency practitioner		
number		