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



Companies House

For further information, please refer to our guidance at www.gov.uk/companieshouse

1 Company details	
Company number	1 2 0 0 3 6 8 6
Company name in full	SHPS Molavi Ltd
→ Filling in this form Please complete in typescript or in bold black capitals.	
2 Liquidator's name	
Full forename(s)	Alan J
Surname	Clark
3 Liquidator's address	
Building name/number	Recovery House
Street	15-17 Roebuck Road
Post town	Hainault Business Park
County/Region	Ilford, Essex
Postcode	I G 6 3 T U
Country	
4 Liquidator's email address or telephone number ^①	
Email address	
Telephone number	020 8524 1447
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	8 7 6 0

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6 Liquidator's name ^①

Full forename(s)	
Surname	

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

7 Liquidator's address ^②

Building name/number	
Street	
Post town	
County/Region	
Postcode	
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	
Telephone number	

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							
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on									
Date	<table border="1"><tr><td>^d1</td><td>^d7</td><td>^m0</td><td>^m4</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y4</td></tr></table>	^d 1	^d 7	^m 0	^m 4	^y 2	^y 0	^y 2	^y 4
^d 1	^d 7	^m 0	^m 4	^y 2	^y 0	^y 2	^y 4		

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	<p>Signature</p> <p>X <i>Ah Clark</i> X</p>									
Signature date	<table border="1"><tr><td>^d1</td><td>^d8</td><td>^m0</td><td>^m4</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y4</td></tr></table>	^d 1	^d 8	^m 0	^m 4	^y 2	^y 0	^y 2	^y 4	
^d 1	^d 8	^m 0	^m 4	^y 2	^y 0	^y 2	^y 4			

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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
Lisa Portway

Company name
Carter Clark

Address
Recovery House

15-17 Roebuck Road

Post town
Hainault Business Park

County/Region
Ilford, Essex

Postcode
IG6 3TU

Country

DX
recovery@carterclark.co.uk

Telephone
020 8524 1447

 **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