

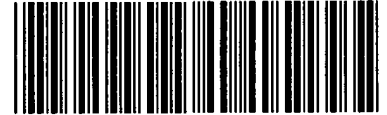
600

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



Companies House

THURSDAY



A9H0JQ08

A18

12/11/2020

#278

COMPANIES HOUSE

1 Company details

Company number	O C 3 9 2 3 7 5
Company name in full	Colliers International Healthcare UK LLP

→ Filing in this form
Please complete in typescript or in bold black capitals.

2 Liquidator's name

Full forename(s)	Mark
Surname	Newman

3 Liquidator's address

Building name/number	4 Mount Ephraim Road
Street	Tunbridge Wells
Post town	Kent
County/Region	
Postcode	T N 1 1 E E
Country	

4 Liquidator's email address or telephone number ①

Email address	
Telephone number	01892 700200

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	0 0 8 7 2 3
--------	-----------------------

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6 Liquidator's name¹	
Full forename(s)	Vincent John
Surname	Green
Other Liquidator's details Use this section to tell us about another liquidator.	

7 Liquidator's address²	
Building name/number	4 Mount Ephraim Road
Street	Tunbridge Wells
Post town	Kent
County/Region	
Postcode	T N 1 1 E E
Country	
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.	

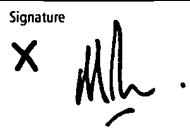
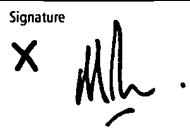
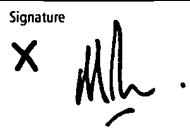
8 Liquidator's email address or telephone number³	
Email address	
Telephone number	01892 700200
3 You must give an email address or telephone number. All information on this form will appear on the public record.	

9 Insolvency practitioner number	
Number	0 0 9 4 1 6

10 Statement of appointment									
I confirm the appointment of the liquidator(s) on									
Date	<table border="1"><tr><td>^d0</td><td>^d2</td><td>^m1</td><td>^m1</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y0</td></tr></table>	^d 0	^d 2	^m 1	^m 1	^y 2	^y 0	^y 2	^y 0
^d 0	^d 2	^m 1	^m 1	^y 2	^y 0	^y 2	^y 0		

11 Appointment details	
The appointment was made by (Tick one)	
<input checked="" type="checkbox"/> Company	
<input type="checkbox"/> Creditors	

12 Type of liquidation	
Tick to confirm the liquidation type	
<input checked="" type="checkbox"/> Members	
<input type="checkbox"/> Creditors	

13 Sign and date									
Liquidator's signature	<table border="1"><tr><td>Signature</td><td></td></tr></table>	Signature							
Signature									
Signature date	<table border="1"><tr><td>^d0</td><td>^d9</td><td>^m1</td><td>^m1</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y0</td></tr></table>	^d 0	^d 9	^m 1	^m 1	^y 2	^y 0	^y 2	^y 0
^d 0	^d 9	^m 1	^m 1	^y 2	^y 0	^y 2	^y 0		

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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 **William Fuller**

Company name **Crowe U.K. LLP**

Address **4 Mount Ephraim Road**

Tunbridge Wells

Post town **Kent**

County/Region

Postcode **T N 1 1 E E**

Country

DX

Telephone **01892 700200**

 **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