In accordance with section 109 of the Insolvency Act 1986

# 600



# 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       | 0 1 2 9 4 1 7 0                                  | → Filling in this form  Please complete in typescript or in       |  |
| Company name in full | Walnut Healthcare Trust Limited                  | bold black capitals.  |  |
|                      |  |   |  |
| 2                    | Liquidator's name                                |   |  |
| Full forename(s)     | Gavin  |   |  |
| Surname              | Bates  |   |  |
| 3                    | Liquidator's address                             |   |  |
| Building name/number | The Old Rectory                                  |   |  |
| Street               | Main Street                                      |   |  |
|                      |  |   |  |
| Post town            | Glenfield  |   |  |
| County/Region        | Leicester  |   |  |
| Postcode             | L E 3 8 D G                                      |   |  |
| Country              |  |   |  |
| 4                    | Liquidator's email address or telephone number • | • You must give an email address or                               |  |
| Email address        |  | telephone number. All information on this form will appear on the |  |
| Telephone number     | 0116 2325117                                     | public record.  |  |
| 5                    | Insolvency practitioner number                   |   |  |
| Number               | 8 9 8 3  |   |  |
|                      |  |   |  |
|                      |  |   |  |
|                      |  |   |  |
|                      |  |   |  |
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|                      |  |   |  |
|                      |  |   |  |

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| 6                      | . · · ·   |   |
|------------------------|---|---|
| 6                      | Liquidator's name   |   |
| Full forename(s)       |   | Other Liquidator's details Use this section to tell us about  |
| Surname                |   | another liquidator.   |
| 7                      | Liquidator's address <sup>©</sup>   |   |
| Building name/number   |   | 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                |   |   |
| 8                      | 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                   | $\begin{bmatrix} 1 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 9 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 2 & 1 \end{bmatrix}$ |   |
| 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<br>X LL Bate  | ×   |
| <br>Signature date     | $\begin{bmatrix} 1 & 1 & 4 & 0 & 9 & 2 & 2 & 1 \end{bmatrix}$   |   |

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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  | Sharon Hill                     |  |  |
|---------------|---------------------------------|--|--|
| Company name  | Smart Business Recovery Limited |  |  |
|               |                                 |  |  |
| Address       | The Old Rectory                 |  |  |
|               | Main Street                     |  |  |
|               |                                 |  |  |
| Post town     | Glenfield                       |  |  |
| County/Region | Leicester                       |  |  |
| Postcode      | L E 3 8 D G                     |  |  |
| Country       |                                 |  |  |
| DX            |                                 |  |  |
| Telephone     | 0116 2325117                    |  |  |

#### ✓ 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