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



Companies House

THURSDAY



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19/12/2019

#438

COMPANIES HOUSE

1 Company details

Company number 0 6 9 7 2 0 6 6

Company name in full Assured Care Surrey Ltd

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

2 Liquidator's name

Full forename(s) Andrew John

Surname Whelan

3 Liquidator's address

Building name/number Unit 2 Spinnaker Court

Street 1C Becketts Place

Post town Hampton Wick

County/Region Kingston upon Thames

Postcode K T 1 4 E Q

Country

4 Liquidator's email address or telephone number ^①

Email address insolvency@wsm.co.uk

Telephone number 020 8939 8240


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 2 6

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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	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
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	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	<div> <div> <div>d</div> <div>1</div> <div>6</div> </div> <div> <div>m</div> <div>1</div> <div>2</div> </div> <div> <div>y</div> <div>2</div> <div>0</div> <div>1</div> <div>9</div> </div> </div>	
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	Signature <div> <div>X</div> <div></div> <div>X</div> </div>	
Signature date	<div> <div> <div>d</div> <div>1</div> <div>6</div> </div> <div> <div>m</div> <div>1</div> <div>2</div> </div> <div> <div>y</div> <div>2</div> <div>0</div> <div>1</div> <div>9</div> </div> </div>	

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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	
Company name	WSM Marks Bloom LLP
Address	Unit 2 Spinnaker Court
	1C Becketts Place
Post town	Hampton Wick
County/Region	Kingston upon Thames
Postcode	K T 1 4 E Q
Country	
DX	
Telephone	020 8939 8240
 Checklist	
We may return forms completed incorrectly or with information missing.	
Please make sure you have remembered the following:	
<input type="checkbox"/> The company name and number match the information held on the public Register.	
<input type="checkbox"/> 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	