In accordance with section 109 of the Insolvency Act 1986

Number

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



efer to

17/01/2020 COMPANIES HOUSE

Company details Filling in this form Company number 2 5 8 1 4 Please complete in typescript or in bold black capitals. Company name in full Unique Healthcare Personnel Limited Liquidator's name Full forename(s) Nicola Surname Baker 3 Liquidator's address Building name/number 3 Merchant's Quay Street **Ashley Lane** Post town Shipley County/Region West Yorkshire Postcode B D 1 7 7 D В Country **England** Liquidator's email address or telephone number • You must give an email address or telephone number. All information **Email address** nbaker@rushtonsifs.co.uk on this form will appear on the public record. Telephone number 01274 598 585 5 Insolvency practitioner number

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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 o		
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 €	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	$\begin{bmatrix} d_2 & d_5 & & \end{bmatrix} \begin{bmatrix} m_1 & m_1 & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_1 & y_9 \end{bmatrix}$		
111	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	X Now Lea	×	
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		

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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	Nicola Baker		
Company name	Rushtons Insolvency Limited		
Address	3 Merchants Quay		
Ahshley	Lane		
Post town Shipley			
County/Region West Yorkshire			
Postcode	B D 1 7 7 D B		
Country	^{nty} England		
DX			
Telephone (01274 598 585		
✓ Checklist			
We may return forms completed incorrectly or with information missing.			
Please m following	ake sure you have remembered the		
 The company name and number match the information held on the public Register. 			
∣ □ You ha	ave 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.

Turther 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