

G

CHFP080

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

Please do not
Write in this margin

Please complete
legibly preferably

in black type or
bold block
lettering

*Insert full name
of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies
(Address Overleaf)

For official use

Company number

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09050552

Name of Company

* BANKS HEALTH & BEAUTY LTD

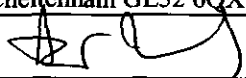
Nature of Business

Beauty Salon

I/We give notice that I/We have been appointed liquidator(s) of the above company on
19 April 2017

The appointment was by Members and Creditors

Type of liquidation Creditors

Name of Liquidator	A J Findlay
Office holder number	008744
Address	Findlay James Saxon House Saxon Way Cheltenham GL52 6QX
Signature	
Date	20 April 2017

Name of Liquidator	
Office holder number	
Address	
Signature	
Date	

Presenter's name and address and
reference (If any):

BANKS02
A J Findlay
Findlay James
Saxon House
Saxon Way
Cheltenham GL52 6QX

Time Critical Reference

For Official Use
General Section

Post room

WEDNESDAY



A656RP42

A25

26/04/2017

#61

COMPANIES HOUSE