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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 1 3 4 1 7 3 3 8

Company name in full Diagnostic Solutions 19 Ltd

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

2 Liquidator's name

Full forename(s) John Paul

Surname Bell

3 Liquidator's address

Building name/number C/o Clarke Bell Limited

Street 3rd Floor, The Pinnacle

Post town 73 King Street

County/Region Manchester

Postcode M 2 4 N G

Country

4 Liquidator's email address or telephone number ^①

Email address johnbell@clarkebell.com

Telephone number 0161 907 4044

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 6 0 8

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Toyah Marie		
Surname	Poole		
7	Liquidator's address ^②		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.
Building name/number	C/o Clarke Bell Limited		
Street	3rd Floor, The Pinnacle		
Post town	73 King Street		
County/Region	Manchester		
Postcode	M 2 4 N G		
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	toyahpoole@clarkebell.com		
Telephone number	0161 907 4044		
9	Insolvency practitioner number		
Number	9 7 4 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 0 1 m 0 8 y 2 0 y 2 3		
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 X <i>John Bell</i> X		
Signature date	d 0 1 m 0 8 y 2 0 y 2 3		

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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

Elizabeth Scott

Company name

Clarke Bell Limited

Address

C/o Clarke Bell Limited

3rd Floor, The Pinnacle

Post town

73 King Street

County/Region

Manchester

Postcode

M 2 4 N G

Country

DX

Telephone

0161 907 4044



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