

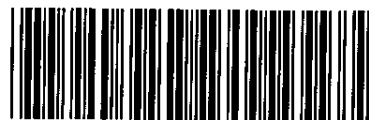
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Notice of appointment of liquidator in a members' or creditors' voluntary winding up



Companies House

FRIDAY



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19/01/2018

#52

COMPANIES HOUSE

1 Company details

Company number 0 5 0 5 1 2 0 4

Company name in full
THE BELMONT CARE HOME LIMITED

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

2 Liquidator's name

Full forename(s) ALEX

Surname KACHANI

3 Liquidator's address

Building name/number UNITS 13-15 BREWERY YARD

Street DEVA CITY OFFICE PARK

Post town SALFORD MANCHESTER

County/Region

Postcode M 3 7 B B

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 0161 828 1000

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 5 7 8 0

600

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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

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

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d 1

d 1

m 0

m 1

y 2

y 0

y 1

y 8

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

X



X

Signature date

d 1

d 1

m 0

m 1

y 2

y 0

y 1

y 8

600

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voluntary winding up

**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 **ALEX KACHANI**

Company name **CRAWFORDS ACCOUNTANTS LLP**

Address **UNITS 13-15 BREWERY YARD**

DEVA CITY OFFICE PARK

Post town **SALFORD**

County/Region

Postcode **M 3 7 B B**

Country

DX

Telephone **0161 828 1000**

**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