

# G

## COMPANIES FORM No. 600

# 600

### Notice of appointment of liquidator

### Voluntary winding up (Members or creditors)

Please do not write in this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete legibly, preferably in black type, or bold block lettering

To the Registrar of Companies

For official use Company number

			03151013
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#### Name of company

\*Insert full name of company

Partners Occupational Medical Services Limited

#### Nature of business

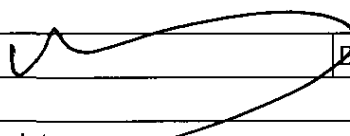
Occupational Health Services

I give notice that I have been appointed liquidator of the above company on 6 June 2017

The appointment was by the company

\*Delete as applicable


Type of liquidation members

Name of liquidator	Mark Levy
Office holder number	6329
Address	76 New Cavendish Street, London W1G 9TB
Signature	
Date	8 June 2017

Name of liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name address and reference (if any)

Time critical reference

For Official Use	
Liquidation Section	Post Room
	
*A68QTPEZ*	
A19	#238
16/06/2017	
COMPANIES HOUSE	

FRIDAY