In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

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

1	Cor	npa	any c	leta	ls		W					
Company number Company name in full	0 3 0 8 4 0 6 6							Filling in this form Please complete in typescript or in bold black capitals.				
2	 Lia:	ıida	ator'	s na	me							
Full forename(s)			DAN F									
Surname	HOGAN											
3	Liqu	ıida	ator'	s ad	dres	S						
Building name/number			CIA B	-			AGE					
Street	тог	₹W¢	COC	CLOS								
		••					***					
Post town	CO	VΕΝ	ITRY									
County/Region	WEST MIDLANDS											
Postcode	С	٧	4		8	Н	Х					
Country	UNI	TEC	KIN	GDO	M							
4	Liqu	iida	tor's	em	ail a	ddr	ess	or telephone number [©]				
Email address	info@cromwellinsolvency.co.uk telephone								telephone number. All information			
Telephone number	0800 061 4002 on this form will appear on the public record.											
5	Insc	olve	ency	pra	ctitic	one	nu	mber				
Number	1	3	0	3	0							

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6	Liquidator's name [©]	
Full forename(s)		O Other Liquidator's details
Surname		Use this section to tell us about another liquidator.
7	Liquidator's address @	
Building name/numb		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 [©]	
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
9	Insolvency practitioner number	I
Number		
10	Statement of appointment	
Peters	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} d & 9 & \end{bmatrix} \begin{bmatrix} m & 0 & m & 8 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 3 \end{bmatrix}$	
11	Appointment details	I AMARIAN AMARAN
	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	I
iquidator's signature	Signature X	X
Signature date	$\begin{bmatrix} d & 3 & \end{bmatrix} \begin{bmatrix} d & 0 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 8 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 3 \end{bmatrix}$	

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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.

	BRENDAN P. HOGAN				
Company name	CROMWELL INSOLVENCY LIMITED				
Address	5 MERCIA BUSINESS VILLAGE				
TORWO	OD CLOSE				

Past tawn C	OVENTRY				
County/Region	WEST MIDLANDS				
Postcode	C V 4 8 H X				
Country UNITED KINGDOM					
DX	THE STATE OF THE S				
Telephone OS	300 061 4002				

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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.

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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