In accordance with section 109 of the Insolvency Act 1986

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

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1	Con	par	v d	etai	s		-			٠	COMPANIES HOUSE	
Company number	0	3	2	6	1	4	2	Γ	· 0	F	Filling in this form	
Company name in full	Tri	mco	Up	vc l	Limi	ited		<u>-</u>		-	Please complete in typescript or in bold black capitals.	
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2	Liqu	idat	or's	nai	me					•		J
Full forename(s)	Hu	gh l	Fran	ncis					**************************************			
Surname	Jes	sser	nan	}					· F*.	_		
3	Liqu	idat	or's	ado	dres	S		-				
Building name/number	3 F	ield	Co	urt								
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4	Liqu	idat	tor's	em	ail a	addr	ess	01	r telephone number 🍑	•	You must give an email address or	
Email address										_	telephone number. All information on this form will appear on the	
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5	Insc	olve	ncy	pra	ctiti	one	r nu	m	ber			
Number	9	4	8	0				Γ				

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6	Liquidator's name <sup>©</sup>			
ull forename(s)		Other Liquidator's details		
umame		Use this section to tell us about another liquidator.		
7	Liquidator's address •			
Building name/number		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.		
ost town		-		
ounty/Region		-		
ostcode				
Country		-		
3	Liquidator's email address or telephone number ©	• You must give an email address or		
mail address		telephone number. All information		
elephone number		on this form will appear on the public record.		
9	Insolvency practitioner number			
lumber				
10	Statement of appointment			
	I confirm the appointment of the liquidator(s) on			
)ate	1 8 0 6 2 0 2 0			
11	Appointment details	The first of the continuous market and the c		
<del></del>	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			
iquidator's signature	X # .55			
ignature date	1 8 0 6 2 0 2 0			
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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 rame	Alison Gates
Company name	Antony Batty & Company LLP
Address	3 Field Court
	Grays Inn
Post town	London
County/Region	
Postcode	W C 1 R 5 E F
Country	
DX	
Telephone	020 7831 1234

## ✓ 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