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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	04055611	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	GRAYTEX LIMITED	
2	Liquidator's name	
Full forename(s)	MANUBHAI GOVINDBHAI	
Surname	MISTRY	
3	Liquidator's address	
Building name/number	HORSFIELDS, BELGRAVE PLACE	
Street	8 MANCHESTER ROAD	
Post town	BURY	
County/Region	GREATER MANCHESTER	
Postcode	BL90ED	
Country	ENGLAND	
4	Liquidator's email address or telephone number ^①	① You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	INFO@HORSFIELDS.COM	
Telephone number	01617633183	
5	Insolvency practitioner number	
Number	7787	

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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)	HEMAL	
Surname	MISTRY	
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	HORSFIELDS, BELGRAVE PLACE	
Street	8 MANCHESTER ROAD	
Post town	BURY	
County/Region	GREATER MANCHESTER	
Postcode	B L 9 0 E D	
Country	ENGLAND	
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	INFO@HORSFIELDS.COM	
Telephone number	01617633183	
9 Insolvency practitioner number		
Number		
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	^d 0 ^d 2 ^m 0 ^m 9 ^y 2 ^y 0 ^y 2 ^y 1	
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 type="checkbox"/> Members		
<input checked="" type="checkbox"/> Creditors		
13 Sign and date		
Liquidator's signature	Signature X  X	
Signature date	^d 0 ^d 8 ^m 0 ^m 9 ^y 2 ^y 0 ^y 2 ^y 1	

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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	HEMAL MISTRY									
Company name	HORSFIELDS									
Address	BELGRAVE PLACE									
	8 MANCHESTER ROAD									
Post town	BURY									
County/Region	GREATER MANCHESTER									
Postcode	B	L	9			0	E	D		
Country	ENGLAND									
DX										
Telephone	01617633183									

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