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



Companies House



1 Company details

Company number 0 4 2 9 3 3 4 2
Company name in full The Stable Company (York) Limited

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

2 Liquidator's name

Full forename(s) David Frederick Wilson
Surname

3 Liquidator's address

Building name/number DFW Associates
Street 29 Park Square West
Post town Leeds
County/Region West Yorkshire
Postcode L S 1 2 P Q
Country

4 Liquidator's email address or telephone number ^①

Email address
Telephone number 0113 3907940

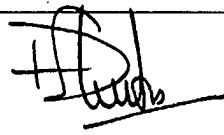
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 6 0 7 4

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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	<div style="display: flex; justify-content: space-between;"> d 1 6 m 0 6 y 2 0 2 0 </div>
11 Appointment details	
The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" 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	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Signature X </div> <div style="text-align: center;">  </div> <div style="margin-left: 20px;"> X </div> </div>
Signature date	<div style="display: flex; justify-content: space-between;"> d 1 7 m 0 6 y 2 0 2 0 </div>

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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	Sam Booth
Company name	DFW Associates
Address	29 Park Square West
Post town	Leeds
County/Region	
Postcode	L S 1 2 P Q
Country	
DX	
Telephone	0113 3907940

**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