

600

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



Companies House



Refer to

**1** Company details

Company number 0 4 8 1 1 3 0 7

Company name in full INTERMODE SHIPPING LIMITED

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

**2** Liquidator's name

Full forename(s) PHILLIP ANTHONY

Surname ROBERTS

**3** Liquidator's address

Building name/number STERLING FORD

Street CENTURION COURT

83 CAMP ROAD

Post town ST ALBANS

County/Region HERTFORDSHIRE

Postcode A L 1 5 J N

Country UNITED KINGDOM

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address office@sterlingford.co.uk

Telephone number 01727 811 161

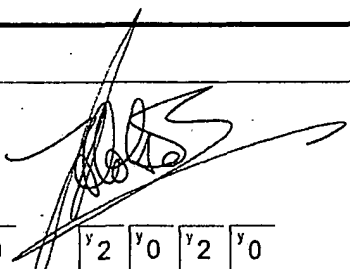
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 6 0 5 5

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<b>6</b>	<b>Liquidator's name <sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)			
Surname			
<b>7</b>	<b>Liquidator's address <sup>②</sup></b>		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number			
Street			
Post town			
County/Region			
Postcode			
Country			
<b>8</b>	<b>Liquidator's email address or telephone number <sup>③</sup></b>		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Email address			
Telephone number			
<b>9</b>	<b>Insolvency practitioner number</b>		
Number			
<b>10</b>	<b>Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on			
Date	d 1 d 8	m 0 m 9	y 2 y 0 y 2 y 0
<b>11</b>	<b>Appointment details</b>		
The appointment was made by (Tick one)			
<input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors			
<b>12</b>	<b>Type of liquidation</b>		
Tick to confirm the liquidation type			
<input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors			
<b>13</b>	<b>Sign and date</b>		
Liquidator's signature	Signature 		X
Signature date	d 2 d 1	m 0 m 9	y 2 y 0 y 2 y 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 name  
FEDAI EREN

Company name  
STERLING FORD

Address  
CENTURION COURT

83 CAMP ROAD

Post town  
ST ALBANS

County/Region  
HERTS

Postcode  
A L 1 5 J N

Country  
UNITED KINGDOM

DX

Telephone  
01727 811 161

**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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)