In accordance with section 109 of the Insolvency Act 1986 600



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

	A04	08/04/2020 #121 COMPANIES HOUSE			
1	Company details				
Company number	0 6 0 5 3 2 5 7	→ Filling in this form Please complete in typescript or in			
Company name in full	Seed Property Consultants Limited	bold black capitals.			
2	Liquidator's name	1			
Full forename(s)	Bijal				
Surname	Shah				
3	Liquidator's address				
Building name/number	27 Church Street				
Street					
Post town	Rickmansworth				
County/Region	Hertfordshire				
Postcode	W D 3 1 D E				
Country					
4	Liquidator's email address or telephone number •	You must give an email address or telephone number. All information on this form will appear on the			
Email address	bijal.shah@edgerecovery.com				
Telephone number	+44 (0)1923 776 223	public record.			
5	Insolvency practitioner number				
Number	8 7 1 7				

	600	
	Notice of appointment of liquidator in a members' or credit	ors'
	voluntary winding up	
6	Liquidator's name	
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator
Surname		<u> </u>
7	Liquidator's address •	
Building name/number		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 on this form will
Telephone number		appear on the public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	0 3 0 4 2 0 2 0	
11	Appointment details	
	(Tick one) Company Creditors The appointment was made by	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

12	Type of liquidation					
	☐ Members ☐ Creditors					
	Tick to confirm the liquidation type					
13	Sign and date					
Liquidator's signat	wre X	*				
Signature date	Signature 0 4 20 20	 				
	600					
	Notice of appointment of liquidator in a member voluntary winding up Presenter information	Important 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.	All information on this form will appear on the public record.				
	Bijal Shah	☑ Where to send				
	Edge Recovery Limited	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:				
	27 Church Street	The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.				
	Rickmansworth					
	Hertfordshire	I				
	Postcode W D 3 ,1 D E	Further information				
	+44 (0)1923 776 223	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				
	We may return forms completed incorrectly or with information missing.	alternative format. Please visit the forms page on the website at				
	Please make sure you have remembered the	www.gov.uk/companieshouse				

following:

□ The company name and number match the

12/17 Version 1.0

Inaccordancewith section 109 of the Insolvency Act 1986.

600 - continuation page

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

1	Com	pan	y d	etai	ls											
Company number	0	6	0	5	3	2	5	7								
Company name in full	See	ed Pro	oper	ty Co	nsul	tants	Limit	ted								
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2	Liqu	idat	or's	nar	ne							·	,			
Full forename(s)																
Surname									,	,						,•
3	Liqu	idat	or's	ado	res	s										
Building name/number																***************************************
Street														<u> </u>		
Post town																
County/Region								,]
Postcode															_	
Country		1					-						-	Atou		
4	Liqu	idat	or's	em	ail a	addr	ess (or to	eleph	one r	numl	ber	•			
Email address						-							-		٦٢	• You must give an email address or
Telephone number															1	telephone number. All information on this form will appear on the
5	Inso	lvon	CV F)rac	+i+ic	·nor		ahai						· · ·		public record.
Insolvency practitioner		lven	lcy p	лас	T	Tier	llun	ibei]						Γ	
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