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



Companies House

TUESDAY



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02/06/2020

#313

COMPANIES HOUSE

r to

**1** Company details

Company number 0 6 2 9 8 3 1 1

Company name in full 786 FOODS LIMITED

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

**2** Liquidator's name

Full forename(s) Simon Thomas

Surname Barriball

**3** Liquidator's address

Building name/number 10 St Helen's Road

Street

Post town Swansea

County/Region

Postcode S A 1 4 A W

Country

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

Email address

Telephone number 03300563600


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 1 1 9 5 0

600

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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)	Helen		
Surname	Whitehouse		
<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	10 St Helen's Road		
Street			
Post town	Swansea		
County/Region			
Postcode	S A 1 4 A W		
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	03300563600		
<b>9</b>	<b>Insolvency practitioner number</b>		
Number	9 6 8 0		
<b>10</b>	<b>Statement of appointment</b>		
	I confirm the appointment of the liquidator(s) on		
Date	2 9 0 5 2 0 2 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  X		
Signature date	0 1 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 name **Shailesh Patel**

Company name **McAlister & Co Insolvency Practitioners Limited**

Address **10 St Helen's Road  
Swansea**

Post town **SA1 4AW**

County/Region

Postcode

Country

DX

Telephone **03300563600**

## **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)