In accordance with section 109 of the Insolvency Act 1986

## 600



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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Con	ıpa	ny d	etai	ls									
Company number	0	6	3	9	3	6	8	9				→ Filling in this form Please complete in typescript or in		
Company name in full	A1UK&EUROPEANCOURIERS LTD							SLTD				bold black capitals.		
2	Liqu	iida	ator's	naı	ne									
Full forename(s)	CHRISTOPHER													
Surname	BROOKSBANK													
3	Liqu	iida	ator's	ade	dres	\$			-					
Building name/number	GROUND FLOOR OFFICES, RIVERSIDE MILLS													
Street	SAE	ODI	LEWC	RTI	1 RC	AD								
Post town	ELLAND													
County/Region	WEST YORKSHIRE													
Postcode	H X 5 0 R Y													
Country	UNI	TE	D KIN	IGD	MC									
4	Liqu	ıida	ator's	em	ail a	ddr	ess	or telep	hone numl	ber •		• You must give an email address or		
Email address	chris@cb-br.co.uk								telephone number. All information on this form will appear on the public record.					
Telephone number	01422 485690													
5	Inse	olv	ency	pra	ctitic	one	nu	mber						
Number	9	6	5	8										

600

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6	Liquidator's name <sup>0</sup>	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address 9	
Building name/number Street		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.
Post town		
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d_2 & d_2 & & \begin{bmatrix} 0 & 0 \end{bmatrix} \end{bmatrix} \begin{bmatrix} 0 & \begin{bmatrix} 0 & 1 \end{bmatrix} \end{bmatrix} \begin{bmatrix} 0 & \begin{bmatrix} 0 & 1 \end{bmatrix} \end{bmatrix} \begin{bmatrix} 0 & \begin{bmatrix} 0 & 1 \end{bmatrix} \end{bmatrix} \begin{bmatrix} 0 & 1 \end{bmatrix} \begin{bmatrix} $	
11	Appointment details	
	The appointment was made by (Tick one)  □ Company □ Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type  Members  Creditors	
13	Sign and date	
Liquidator's signature	Signature X	×
Signature date	$\begin{bmatrix} d & 2 & 0 & 0 & 0 \end{bmatrix}$	

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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	Chris Brooksbank		
Company nam	CB Business Recovery		
Address	Ground Floor Offices		
Riversi	de Mills		
Saddleworth Road			
Post town	Elland		
County/Region	West Yorkshire		
Postcode	H X 5 0 R Y		
Country	United Kingdom		
DX			
Telephone			

#### 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