

600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

**1** Company details

|                      |                                 |   |   |   |   |   |   |   |                                                                                              |
|----------------------|---------------------------------|---|---|---|---|---|---|---|----------------------------------------------------------------------------------------------|
| Company number       | 0                               | 7 | 9 | 7 | 3 | 4 | 5 | 6 | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals. |
| Company name in full | Woodwards Farm Butchery Limited |   |   |   |   |   |   |   |                                                                                              |

**2** Liquidator's name

|                  |               |  |
|------------------|---------------|--|
| Full forename(s) | Graham Stuart |  |
| Surname          | Wolloff       |  |

**3** Liquidator's address

|                      |                     |  |
|----------------------|---------------------|--|
| Building name/number | 67 Grosvenor Street |  |
| Street               | Mayfair             |  |
| Post town            | London              |  |
| County/Region        |                     |  |
| Postcode             | W 1 K 3 J N         |  |
| Country              |                     |  |

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

|                  |               |                                                                                                                                      |
|------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Email address    |               | <b>①</b> You must give an email address or<br>telephone number. All information<br>on this form will appear on the<br>public record. |
| Telephone number | 0207 769 6831 |                                                                                                                                      |

**5** Insolvency practitioner number

|        |   |   |   |   |  |  |  |  |
|--------|---|---|---|---|--|--|--|--|
| Number | 8 | 8 | 7 | 9 |  |  |  |  |
|--------|---|---|---|---|--|--|--|--|

600

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

|                        |                                                                                                                             |  |                                                                                                                                                                    |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6</b>               | <b>Liquidator's name <sup>①</sup></b>                                                                                       |  |                                                                                                                                                                    |
| Full forename(s)       | Craig Andrew                                                                                                                |  | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Surname                | Ridgley                                                                                                                     |  |                                                                                                                                                                    |
| <b>7</b>               | <b>Liquidator's address <sup>②</sup></b>                                                                                    |  |                                                                                                                                                                    |
| Building name/number   | 67 Grosvenor Street                                                                                                         |  | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Street                 | Mayfair                                                                                                                     |  |                                                                                                                                                                    |
| Post town              | London                                                                                                                      |  |                                                                                                                                                                    |
| County/Region          |                                                                                                                             |  |                                                                                                                                                                    |
| Postcode               | W 1 K 3 J N                                                                                                                 |  |                                                                                                                                                                    |
| Country                |                                                                                                                             |  |                                                                                                                                                                    |
| <b>8</b>               | <b>Liquidator's email address or telephone number <sup>③</sup></b>                                                          |  |                                                                                                                                                                    |
| Email address          |                                                                                                                             |  | <b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>                                        |
| Telephone number       | 0207 769 6831                                                                                                               |  |                                                                                                                                                                    |
| <b>9</b>               | <b>Insolvency practitioner number</b>                                                                                       |  |                                                                                                                                                                    |
| Number                 | 2 3 2 3 2                                                                                                                   |  |                                                                                                                                                                    |
| <b>10</b>              | <b>Statement of appointment</b>                                                                                             |  |                                                                                                                                                                    |
|                        | I confirm the appointment of the liquidator(s) on                                                                           |  |                                                                                                                                                                    |
| Date                   | d 1 0 m 0 5 y 2 0 y 2 2                                                                                                     |  |                                                                                                                                                                    |
| <b>11</b>              | <b>Appointment details</b>                                                                                                  |  |                                                                                                                                                                    |
|                        | The appointment was made by (Tick one)<br><input type="checkbox"/> Company<br><input checked="" type="checkbox"/> Creditors |  |                                                                                                                                                                    |
| <b>12</b>              | <b>Type of liquidation</b>                                                                                                  |  |                                                                                                                                                                    |
|                        | Tick to confirm the liquidation type<br><input type="checkbox"/> Members<br><input checked="" type="checkbox"/> Creditors   |  |                                                                                                                                                                    |
| <b>13</b>              | <b>Sign and date</b>                                                                                                        |  |                                                                                                                                                                    |
| Liquidator's signature | Signature<br>X  X                        |  |                                                                                                                                                                    |
| Signature date         | d 3 1 m 0 5 y 2 0 y 2 2                                                                                                     |  |                                                                                                                                                                    |

600

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



**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  | Pooja Patel         |
| Company name  | Voscap Limited      |
|               |                     |
| Address       | 67 Grosvenor Street |
|               | Mayfair             |
|               |                     |
| Post town     | London              |
| County/Region |                     |
| Postcode      | W 1 K 3 J N         |
| Country       |                     |
| DX            |                     |
| Telephone     | 0207 769 6831       |



**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)