

600

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



Companies House

WEDNESDAY



A12 *A8BUBSJT* #306
14/08/2019
COMPANIES HOUSE

1 Company details

Company number 0 8 5 6 4 2 0 5

Company name in full ALERT CMS LIMITED

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

2 Liquidator's name

Full forename(s) JOHN WILLIAM

Surname BUTLER

3 Liquidator's address

Building name/number THE CHAPEL

Street BRIDGE STREET

Post town DRIFFIELD

County/Region

Postcode Y O 2 5 6 D A

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01377 257788


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 9 5 9 1

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	ANDREW JAMES		
Surname	NICHOLS		② 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.
7	Liquidator's address ^②		
Building name/number	THE CHAPEL		
Street	BRIDGE STREET		
Post town	DRIFFIELD		
County/Region			
Postcode	Y O 2 5 6 D A		
Country			③ You must give an email address or telephone number. All information on this form will appear on the public record.
8	Liquidator's email address or telephone number ^③		
Email address			
Telephone number	01377 257788		
9	Insolvency practitioner number		
Number	8 3 6 7		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 2 m 0 m 8 y 2 y 0 y 1 y 9		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company		
	<input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members		
	<input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	d 1 d 2 m 0 m 8 y 2 y 0 y 1 y 9		

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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

Company name

Address

Post town

County/Region

Postcode

Country

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