In accordance with section 109 of the Insolvency Act 1986

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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	Company details								
Company number	0 9 4 2 2 8 8 1	→ Filling in this form Please complete in typescript or in							
Company name in full	SCANNELLI ENGINEERING LIMITED	bold black capitals.							
2	Liquidator's name								
Full forename(s)	KIERAN								
Surname	BOURNE								
3	Liquidator's address								
Building name/number	5 MERCIA BUSINESS VILLAGE								
Street	TORWOOD CLOSE								
		<u> </u>							
Post town	COVENTRY								
County/Region	WEST MIDLANDS								
Postcode	C V 4 8 H X								
Country	UNITED KINGDOM								
4	Liquidator's email address or telephone number •	• You must give an email address or							
Email address	info@cromwellinsolvency.co.uk	telephone number. All information on this form will appear on the							
Telephone number	0800 061 4002	public record.							
5	Insolvency practitioner number								
Number	1 9 0 1 2								

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6	Liquidator's name •							
Full forename(s)		Other Liquidator's details						
Surname		Use this section to tell us about another liquidator.						
7	Liquidator's address o							
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 Output Description:	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	$\begin{bmatrix} d & 0 & 0 & 1 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 3 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 1 \end{bmatrix}$							
11	Appointment details							
	The appointment was made by (Tick one) ☐ Company ☑ Creditors							
12	Type of liquidation							
	Tick to confirm the liquidation type ☐ Members ☑ Creditors							
18	Sign and date							
Liquidator's signature	Signature X	×						
Signature date	$\begin{bmatrix} 1 & & & & & \\ & 1 & & & & \end{bmatrix} \begin{bmatrix} m & 0 & m & 3 & & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 & y & 2 & y & 1 \end{bmatrix}$							

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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	KIERAN BOURNE									
Сотрану пате	CROMWELL INSOLVENCY LIMITED									
Address 5 MERCIA BUSINESS VILLAGE										
TORWOOD CLOSE										

Post town COVENTRY										
County/Region WEST MIDLANDS										
Postcode		c	٧	4		8	Н	Х		
Country UNITED KINGDOM										
DX										
Telephone 0800 061 4002										

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