

600

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



Companies House

FRIDAY



A27 *A8738W9D* #51
07/06/2019
COMPANIES HOUSE

refer to

1 Company details

Company number 0 9 4 8 3 0 9 6

Company name in full Baffi Holdings Ltd T/A Baffi

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

2 Liquidator's name

Full forename(s) Shane

Surname Biddlecombe

3 Liquidator's address

Building name/number HJS Recovery (UK) Ltd

Street 12-14 Carlton Place

Post town Southampton

County/Region Hampshire

Postcode S O 1 5 2 E A

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 023 8023 4222

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 4 2 5

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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)	Gordon	
Surname	Johnston	
7 Liquidator's address^②		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.
Building name/number	HJS Recovery (UK) Ltd	
Street	12-14 Carlton Place	
Post town	Southampton	
County/Region	Hampshire	
Postcode	S O 1 5 2 E A	
Country		
8 Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	023 8023 4222	
9 Insolvency practitioner number		
Number	8 6 1 6	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	3 0 0 5 2 0 1 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	0 4 0 6 2 0 1 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

Sam Jones

Company name

HJS Recovery (UK) Ltd

Address

12/14 Carlton Place

Southampton

Post town

SO15 2EA

County/Region

Postcode

Country

DX

Telephone

023 8023 4222



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