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

	7 7 0 4 6 1 ple Limited tor's name	→ Filling in this form Please complete in typescript or in bold black capitals.	
2 Liquida Full forename(s) Simon		bold black capitals.	
Full forename(s) Simon	tor's name		
Full forename(s) Simon	tor's name		
Surname Blakev			
Dianey			
3 Liquida	tor's address		
Building name/number Connec	t Insolvency Limited		
Street Claveri	ng House		
Claveri	ng Place		
Post town Newcas	tle upon Tyne		
County/Region			
Postcode N E	1 3 N G		
Country			
4 Liquida	tor's email address or telephone number •	• You must give an email address o	
Email address simon@	connectinsolvency.com	telephone number. All informatic on this form will appear on the public record.	
Telephone number 0191 2	45 4817		
5 Insolve	ncy practitioner number		
Number 0 0	0 1 2 9 9 0		

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6	Liquidator's name •		
ull forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address o		
Building name/number	② 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 telephone number. All information on this form will appear on the	
Email address			
Telephone number		public record.	
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{bmatrix} d_2 & d_5 & & \end{bmatrix} \begin{bmatrix} m_0 & m_2 & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 & y_1 \end{bmatrix}$		
11	Appointment details		
	The appointment was made by (Tick one) Company Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type ☑ Members □ Creditors		
13	Sign and date		
Liquidator's signature	Signature	X	
Signature date	d 2 d 7		

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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 Simon Blakey Connect Insolvency Limited

Clavering House

Clavering Place

Post town Newcastle upon Tyne
County/Region

N | E | 1

Country

Address

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

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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