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

Companies House

		05/03/2022 #178 COMPANIES HOUSE	3	
1	Company details			
Company number	1 0 5 8 9 5 7 4	→ Filling in this form Please complete in typescript or	→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	Something Secure Locksmiths Ltd			
2	Liquidator's name			
Full forename(s)	Alan J			
Sumame	Clark	_		
3	Liquidator's address			
Building name/number	Recovery House			
Street	15-17 Roebuck Road			
Post town	Hainault Business Park		·	
County/Region	Ilford, Essex			
Postcode	IG63TU	·		
Country				
4	Liquidator's email address or telephone number •	• You must give an email address	You must give an email address or telephone number. All information on this form will appear on the	
Email address		telephone number. All informati on this form will appear on the		
Telephone number	020 8524 1447	public record.		
5	Insolvency practitioner number			
Number	8 7 6 0			

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Full forename(s) Surname		Other Liquidator's details	
Surname		Use this section to tell us about	
		another liquidator.	
7 L	iquidator's address ®		
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 Li	iquidator's email address or telephone number €	9 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 S	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	2 5 0 2 70 2 2		
11 A	Appointment details	•	
	The appointment was made by (Tick one) ☐ Company ☑ Creditors		
12 T	ype of liquidation		
	Tick to confirm the liquidation type ☐ Members ☑ Creditors		
13 S	ign and date		
Elquidator 3 Signature	× Ah Clark		
Signature date	0 d 7 0 3 y 7 0 y 7 y 7 y 7 y 7 y 7 y 7 y 7 y 7 y		

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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 **Carter Clark** Address **Recovery House** 15-17 Roebuck Road Post town Hainault Business Park County/Region Ilford, Essex Postcode G Country DX recovery@carterclark.co.uk Telephone 020 8524 1447

✓ 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.

7 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