In accordance with section 109 of the insolvency Act 1986

Street

Number

8 6 0

600



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

COMPANIES HOUSE Company details 1 1 0 → Filling in this form 2 Company number Please complete in typescript or in Company name in full **DrivingPay Limited** boid black capitals. Liquidator's name Full forename(s) Carl Surname Jackson Liquidator's address Building name/number Office D Beresford House Post town **Town Quay** County/Region Southampton Postcode S 0 1 4 2 A Q Country Liquidator's email address or telephone number • • You must give an email address or telephone number All information Email address on this form will appear on the public record Telephone number 02380336464 Insolvency practitioner number

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name • Other Liquidator's details Andrew Full forename(s) Use this section to tell us about Surname Watling another liquidator. Liquidator's address @ Office D Building name/number Other Liquidator's details Use this section to tell us about Street **Beresford House** another liquidator. Use the continuation page to tell us about more than two liquidators. Post town **Town Quay** County/Region Southampton Postcode S 0 1 4 2 A Country Liquidator's email address or telephone number 9 8 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 02380336464 Insolvency practitioner number 9 Number 5 9 1 0 10 Statement of appointment I confirm the appointment of the liquidator(s) on l₂ 2 Date 17 ď 11 Appointment details The appointment was made by (Tick one) □ Company Creditors Type of liquidation 12 Tick to confirm the liquidation type Members Creditors

13

Liquidator's signature

Signature date

Sign and date

2

ľo

Signature

X

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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	Laura Stevens
Company name	Quantuma LLP
	-
Address	Office D
	Beresford House
Post town	Town Quay
County/Region	Southampton
Postcode	S 0 1 4 2 A Q
Country	
DX	info@quantuma.com
Telephone	02380336464

✓ 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