

600

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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 1 1 2 8 5 5 7 0

Company name in full Park HR Associates Limited

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

2 Liquidator's name

Full forename(s) Matthew

Surname Fox

3 Liquidator's address

Building name/number Spaces 4500 Parkway

Street Solent Business Park

Whiteley

Post town Fareham

County/Region Hampshire

Postcode P O 1 5 7 A Z

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 02380 651441

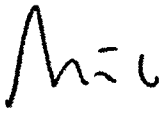
^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 3 2 5

600

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6	Liquidator's name^①	
Full forename(s)		
Surname		
	① Other Liquidator's details Use this section to tell us about another liquidator.	
7	Liquidator's address^②	
Building name/number		
Street		
Post town		
County/Region		
Postcode	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
Country		
	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.	
8	Liquidator's email address or telephone number^③	
Email address		
Telephone number		
	③ You must give an email address or telephone number. All information on this form will appear on the public record.	
9	Insolvency practitioner number	
Number	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	<div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> <div>2</div> <div>0</div> <div>2</div> <div>1</div> </div>	
11	Appointment details	
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature <div> <div>X</div> <div>  </div> <div>X</div> </div>	
Signature date	<div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> <div>2</div> <div>0</div> <div>2</div> <div>1</div> </div>	

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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 **Matthew Fox**

Company name **Beacon**

Address **Spaces 4500 Parkway**

Solent Business Park

Whiteley

Post town **Fareham**

County/Region **Hampshire**

Postcode **P O 1 5 7 A Z**

Country

DX

Telephone **02380 651441**



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

600 - continuation page

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1 Company details

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

2 Liquidator's name

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

3 Liquidator's address

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

4 Liquidator's email address or telephone number ^①

Email address	<input type="text"/>	^① You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

5 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>	
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