In accordance with section 109 of the Insolvency Act 1986

600



Companies House

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

| 1 | SATURDAY | *AAADKGYG* 5 07/08/2021 #124 COMPANIES HOUSE | |
|----------------------|--|---|--|
| | Company details | → Filling in this form | |
| Company number | 1 1 3 9 9 9 0 7 | Please complete in typescript or in | |
| Company name in full | COLLKIRST LTD | bold black capitals. | |
| · | <u> </u> | | |
| 2 | Liquidator's name | | |
| Full forename(s) | Alisdair J | | |
| Surname | Findlay | | |
| 3 | Liquidator's address | | |
| Building name/number | Saxon House | | |
| Street | Saxon Way | | |
| | | | |
| Post town | Cheltenham | _ | |
| County/Region | | | |
| Postcode | G L 5 2 6 Q X | | |
| Country | | | |
| 4 | Liquidator's email address or telephone number • | • You must give an email address or | |
| Email address | | telephone number. All information on this form will appear on the | |
| Telephone number | 01242 576555 | public record. | |
| 5 | Insolvency practitioner number | | |
| Number | 0 0 8 7 4 4 | | |
| | | | |
| | | | |
| | | | |

600

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

| 6 | Liquidator's name ⁰ | | |
|------------------------|--|---|--|
| Full forename(s) | | Other Liquidator's details Use this section to tell us about another liquidator. | |
| Surname | | | |
| 7 | Liquidator's address @ | | |
| Building name/number | | Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about | |
| Street | | | |
| Post town | | more than two liquidators. | |
| County/Region | · · · · · · · · · · · · · · · · · · · | | |
| Postcode | <u> </u> | | |
| Country | | - | |
| | Liquidator's email address or telephone number Output Description: | | |
| Email address | Elquidator's email address or telephone number 9 | You must give an email address or telephone number. All information on this form will appear on the public record. | |
| Telephone number | | | |
| | | | |
| 9 | Insolvency practitioner number | | |
| Number | | | |
| 10 | Statement of appointment | | |
| Date | I confirm the appointment of the liquidator(s) on $\begin{bmatrix} 0 & 5 & 0 \\ 0 & 5 & 0 \end{bmatrix}$ | | |
| | <u></u> | <u> </u> | |
| ш | 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 | | |
| | × doch × | | |
| Signature date | $\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 6 & 0 & 8 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 8 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 $ | | |