

600

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



Companies House



1	Company details
Company number	1 1 5 1 7 2 1 7
Company name in full	Herdwork Ltd

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

2	Liquidator's name
Full forename(s)	Alan
Surname	Fallows

3	Liquidator's address
Building name/number	1 City Road East
Street	Manchester
Post town	
County/Region	
Postcode	M 1 5 4 P N
Country	

4	Liquidator's email address or telephone number ^①
Email address	
Telephone number	0161 832 6221

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 5 6 7



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6 Liquidator's name ¹

Full forename(s)	Peter
Surname	Anderson

1 Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address ²

Building name/number	1 City Road East
Street	Manchester
Post town	
County/Region	
Postcode	M 1 5 4 P N
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	0161 832 6221

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	1	5	3	3	6			
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on																	
Date	<table border="1"><tr><td>^d</td><td>^d</td><td>^m</td><td>^m</td><td>^y</td><td>^y</td><td>^y</td><td>^y</td></tr><tr><td>1</td><td>9</td><td>1</td><td>0</td><td>2</td><td>0</td><td>2</td><td>1</td></tr></table>	^d	^d	^m	^m	^y	^y	^y	^y	1	9	1	0	2	0	2	1
^d	^d	^m	^m	^y	^y	^y	^y										
1	9	1	0	2	0	2	1										

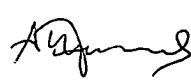
11 Appointment details

The appointment was made by (Tick one)	
<input type="checkbox"/> Company	
<input checked="" type="checkbox"/> Creditors	

12 Type of liquidation

Tick to confirm the liquidation type	
<input type="checkbox"/> Members	
<input checked="" type="checkbox"/> Creditors	

13 Sign and date

Liquidator's signature	Signature X  X																	
Signature date	<table border="1"><tr><td>^d</td><td>^d</td><td>^m</td><td>^m</td><td>^y</td><td>^y</td><td>^y</td><td>^y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td><td>2</td><td>0</td><td>2</td><td>1</td></tr></table>	^d	^d	^m	^m	^y	^y	^y	^y	2	0	1	0	2	0	2	1	
^d	^d	^m	^m	^y	^y	^y	^y											
2	0	1	0	2	0	2	1											



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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 **Will Bowden**

Company name **Kay Johnson Gee Corporate
Recovery Limited**

Address **1 City Road East
Manchester**

Post town

County/Region

Postcode **M 1 5 4 P N**

Country

DX

Telephone **0161 832 6221**

 **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



1 Company details

Company number	1 1 5 1 7 2 1 7	
Company name in full	Herdwork Ltd	

2 Liquidator's name

Full forename(s)	Alessandro	
Surname	Sidoli	

3 Liquidator's address

Building name/number	1 City Road East	
Street	Manchester	
Post town		
County/Region		
Postcode	M 1 5 4 P N	
Country		

4 Liquidator's email address or telephone number ¹

Email address		¹ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	0161 832 6221	

5 Insolvency practitioner number

Insolvency practitioner number	1 4 2 7 0	
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