

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](http://www.gov.uk/companieshouse)

**1** Company details

Company number 1 1 8 9 8 2 6 2

Company name in full City Clothing Limited

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

**2** Liquidator's name

Full forename(s) George

Surname Michael

**3** Liquidator's address

Building name/number 601 High Road Leytonstone

Street

Post town

County/Region London

Postcode E 1 1 4 P A

Country

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 020 8556 2888


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 2 3 0

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<b>6</b>	<b>Liquidator's name<sup>①</sup></b>	
Full forename(s)	Harjinder	<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Surname	Johal	
<b>7</b>	<b>Liquidator's address<sup>②</sup></b>	
Building name/number	601 High Road Leytonstone	<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Street		
Post town		
County/Region	London	
Postcode	E 1 1 4 P A	
Country		
<b>8</b>	<b>Liquidator's email address or telephone number<sup>③</sup></b>	
Email address		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Telephone number	020 8556 2888	
<b>9</b>	<b>Insolvency practitioner number</b>	
Number	9 1 7 5	
<b>10</b>	<b>Statement of appointment</b>	
	I confirm the appointment of the liquidator(s) on	
Date	d 1 5 m 1 1 y 2 0 y 2 2	
<b>11</b>	<b>Appointment details</b>	
	The appointment was made by (Tick one)	
	<input type="checkbox"/> Company	
	<input checked="" type="checkbox"/> Creditors	
<b>12</b>	<b>Type of liquidation</b>	
	Tick to confirm the liquidation type	
	<input type="checkbox"/> Members	
	<input checked="" type="checkbox"/> Creditors	
<b>13</b>	<b>Sign and date</b>	
Liquidator's signature	Signature X  X	
Signature date	d 1 5 m 1 1 y 2 0 y 2 2	

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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

Ashcrofts

Address

601 High Road Leytonstone

Post town

County/Region

London

Postcode

E 1 1 4 P A

Country

DX

Telephone

020 8556 2888



### 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)