

600



Companies House

1

In accordance with
section 109 of the
Insolvency Act 1986

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



1

Company details

Company number 1 2 5 7 4 8 1 6

Company name in full 1080 LONDON LTD

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

2

Liquidator's name

Full forename(s) UMANG

Surname PATEL

3

Liquidator's address

Building name/number NEUM INSOLVENCY

Street SUITE 9, AMBA HOUSE

15 COLLEGE ROAD

Post town HARROW

County/Region MIDDLESEX

Postcode H A 1 1 B A

Country UNITED KINGDOM

4

Liquidator's email address or telephone number

Email address UMANG@NEUMINSOLVENCY.CO.UK

Telephone number 020 3411 9598

**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 1 8 7 9 0

600

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6 Liquidator's name ●

Full forename(s)

Surname

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

7 Liquidator's address ●

Building name/number

Street

Post town

County/Region

Postcode

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

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

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| d | d | M | m | y | y | y | y |
| 1 | 2 | 1 | 2 | 2 | 0 | 2 | 2 |

11 Appointment details

The appointment was made by
(Tick one)

- ☐ Company
☒ Creditors

Type of liquidation

Tick to confirm the liquidation type

- ☐ Members
☒ Creditors

12 Sign and date

Liquidator's signature

Signature

X



X

Signature date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
| 1 | 6 | 1 | 2 | 2 | 0 | 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 | Harshin Soneji |
| Company name | Neum Insolvency |
| Address | Suite 9 |
| | Amba House |
| | 15 College Road |
| Post town | Harrow |
| County/Region | Middlesex |
| Postcode | H A 1 1 B A |
| Country | United Kingdom |
| DX | |
| Telephone | 020 3411 9598 |



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