

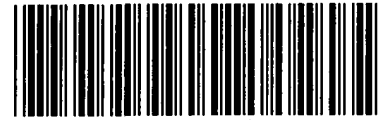
# 600

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



Companies House

TUESDAY



\*AAAL4E2H\*

A03

10/08/2021

#232

COMPANIES HOUSE

### 1 Company details

Company number

Company name in full

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

### 2 Liquidator's name

Full forename(s)

Surname

### 3 Liquidator's address

Building name/number

Street

Post town

County/Region

Postcode

Country

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

Email address

Telephone number

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

600

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**6** Liquidator's name <sup>①</sup>

Full forename(s)	
Surname	

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

**7** Liquidator's address <sup>②</sup>

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 <sup>③</sup>

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									
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**10** Statement of appointment

I confirm the appointment of the liquidator(s) on

Date	<sup>d</sup> 2	<sup>d</sup> 9	<sup>m</sup> 0	<sup>m</sup> 7	<sup>y</sup> 2	<sup>y</sup> 0	<sup>y</sup> 2	<sup>y</sup> 1
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**11** 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 X  X							
Signature date	<sup>d</sup> 0	<sup>d</sup> 4	<sup>m</sup> 0	<sup>m</sup> 8	<sup>y</sup> 2	<sup>y</sup> 0	<sup>y</sup> 2	<sup>y</sup> 1

600

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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 **Joe Longhurst**

Company name **Crowe U.K. LLP**

Address **4 Mount Ephraim Road**

**Tunbridge Wells**

Post town **Kent**

County/Region

Postcode **T N 1 1 E E**

Country

DX

Telephone **01892 700200**

 **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)