In accordance with section 109 of the Insolvency Act 1986

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



WEDNESDAY



A16 11/12/2019

#190

		COMPANIES HOUSE
1	Company details	
Company number	0 0 0 5 7 9 9	Filling in this form Please complete in typescript or in
Company name in full	Samuel Fox and Company Limited	bold black capitals.
2	Liquídator's name	
Full forename(s)	Stephen Roland	
Surname	Browne	
3	Liquidator's address	
Building name/number	1	
Street	New Street Square	
Post town	London	
County/Region		
Postcode	E C 4 A 3 H Q	
Country	United Kingdom	
4	Liquidator's email address or telephone number [©]	• You must give an email address or
Email address	gdickenson@deloitte.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	+44 20 7303 7169	
5	Insolvency practitioner number	
Number	0 0 9 2 8 1	

600

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6	Liquidator's name ¹⁰	
Full forename(s)	Ian Harvey	Other Liquidator's details Use this section to tell us about
Surname	Dean	another liquidator.
7	Liquidator's address o	
Building name/numbe	r 1	Other Liquidator's details
Street	New Street Square	Use this section to tell us about another liquidator. Use the
		continuation page to tell us about more than two liquidators.
Post town	London	
County/Region		
Postcode	E C 4 A 3 H Q	
Country	United Kingdom	
8	Liquidator's email address or telephone number [©]	You must give an email address or
Email address	gdickenson@deloitte.co.uk	telephone number, All information on this form will appear on the
Telephone number	+44 20 7303 7169	public record.
9	Insolvency practitioner number	
Number	0 0 9 4 6 2	
10	Statement of appointment	
	1 confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & d & d \end{bmatrix} \begin{bmatrix} m & m & m \end{bmatrix} \begin{bmatrix} m & m & m \end{bmatrix} \begin{bmatrix} m & m & m & m \end{bmatrix} \begin{bmatrix} m & m & m & m & m & m \\ & & & & & & & &$	
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 / Comment of the co	X
Signature date	d - d - y 2 y 0 y 1 y 9	

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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	George Dickenson
Сотралу гате	Deloitte LLP
Address	1 New Street Square
Post town	London
County/Region	
Postcode	E C 4 A 3 H Q
Country	United Kingdom
DX	
Telephone	+44 20 7303 7169

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