

# 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 00174133

Company name in full Sangamo Weston Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Jack

Surname Callow

### 3 Liquidator's address

Building name/number Bishop Fleming LLP

Street 10 Temple Back

Post town Bristol

County/Region

Postcode BS16FL

Country

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

Email address RESTRUCTURING@BISHOPFLEMING.CO.UK

Telephone number 0117 910 0250

<sup>①</sup> 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 25210

600

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

## 6 Liquidator's name <sup>①</sup>

|                  |        |
|------------------|--------|
| Full forename(s) | Luke   |
| Surname          | Venner |

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

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

|                      |                              |
|----------------------|------------------------------|
| Building name/number | Bishop Fleming LLP           |
| Street               | Stratus House<br>Emperor Way |
| Post town            | Exeter                       |
| County/Region        | Devon                        |
| Postcode             | E X 1 3 Q S                  |
| 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    | Restructuring@bishopfleming.co.uk |
| Telephone number | 01392 448800                      |

**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 | 2 | 1 | 1 | 7 | 2 |  |  |
|--------|---|---|---|---|---|--|--|

## 10 Statement of appointment

|                                                   |                                                                                                                         |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| I confirm the appointment of the liquidator(s) on |                                                                                                                         |
| Date                                              | <sup>d</sup> 0 <sup>d</sup> 7 <sup>m</sup> 0 <sup>m</sup> 4 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 1 |

## 11 Appointment details

|                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>The appointment was made by (Tick one)</p> <p><input type="checkbox"/> Company</p> <p><input checked="" type="checkbox"/> Creditors</p> <p style="margin-left: 100px;">COURT ORDER</p> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## 12 Type of liquidation

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

## 13 Sign and date

|                        |                                                                                                                         |   |
|------------------------|-------------------------------------------------------------------------------------------------------------------------|---|
| Liquidator's signature | <p>Signature</p> <p>X </p>           | X |
| Signature date         | <sup>d</sup> 1 <sup>d</sup> 5 <sup>m</sup> 0 <sup>m</sup> 4 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 1 |   |

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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

Address

Post town

County/Region

Postcode

Country

DX

Telephone



### 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)**

## 600 - continuation page

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

### 1 Company details

Company number

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|

Company name in full

|  |
|--|
|  |
|  |

### 2 Liquidator's name

Full forename(s)

|  |
|--|
|  |
|--|

Surname

|  |
|--|
|  |
|--|

### 3 Liquidator's address

Building name/number

|  |
|--|
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Street

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|  |

Post town

|  |
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County/Region

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Postcode

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|--|--|--|--|--|--|--|--|

Country

|  |
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|--|

### 4 Liquidator's email address or telephone number



Email address

|  |
|--|
|  |
|--|

Telephone number

|  |
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|  |
|--|

**i** You must give an email address or telephone number. All information on this form will appear on the public record.

### 5 Insolvency practitioner number

Insolvency practitioner  
number

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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