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

AAYU914G A09 01/03/2022

COMPANIES HOUSE

#137

1	Company details		
Company number	0 0 6 0 1 5 5 5	→ Filling in this form Please complete in typescript or in	
Company name in full	Yarm Road Limited	bold black capitals.	
		_	
2	Liquidator's name		
Full forename(s)	Adam		
Surname	Harris		
3	Liquidator's address		
Building name/number	Tower Bridge House		
Street	St Katharine's Way	_	
		_	
Post town	London	_	
County/Region			
Postcode	E 1 W 1 DD		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	telephone number. All in on this form will appear		
Telephone number	020 7063 4000	public record.	
5	Insolvency practitioner number		
Number	0 1 5 4 5 4		

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	Liquidator's name ¹⁰	,
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address @	
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		
Postcode		
Country		
8:	Liquidator's email address or telephone number Output Description:	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	the design of the second of th
Number		
10	Statement of appointment	
_ _	I confirm the appointment of the liquidator(s) on	
Date	1 5 0 2 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	×
Signature date	$\begin{bmatrix} d \\ 2 \end{bmatrix} \begin{bmatrix} d \\ 2 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix}$	

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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	Mazars LLP	
Address	Tower Bridge House	
	St Katharine's Way	
Post town	London	
County/Region		
Postcode	E 1 W 1 D D	
Country		
DX		
Telephone	020 7063 4000	

✓ 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.

f 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