In accordance with section 109 of the Insolvency Act 1986

600



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

13/11/2019 COMPANIES HOUSE Company details Filling in this form Company number 4 3 8 0 Please complete in typescript or in bold black capitals. Company name in full **Chalcroft Limited** Liquidator's name Hasib Full forename(s) Surname Howlader Liquidator's address Building name/number | Third Floor Street 112 Clerkenwell Road Post town London County/Region Postcode E | C | 1 М 5 S A Country Liquidator's email address or telephone number • 4 You must give an email address or telephone number, All information Email address on this form will appear on the public record Telephone number 0207 099 6086 Insolvency practitioner number Number 3 5

600

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

6	Liquidator's name ⁰	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address o	
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 ®	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	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 8 1 0 ½ 0 1 9	
11	Appointment details	
	The appointment was made by (Tick one) □ Company The appointment was by Court Order □ Creditors dated 28 October 2019	
12	Type of liquidation	
	Tick to confirm the liquidation type ☐ Members ☑ Creditors	
13	Sign and date	
Liquidator's signature	Signature X	
Signature date	0 4 1 1 9	

600

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

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.

<u> </u>		
Contact name	Katie Baldwin	
Company name	Hudson Weir Limited	
Address	Third Floor	
	112 Clerkenwell Road	
Post town	London	
County/Region		
Postcode	ECIM 5SA	
Country		
DX		
Telephone	0207 099 6086	

✓ 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.

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.

T 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