In accordance with section 109 of the Insolvency Act 1986

600



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

Companies House

04/03/2020

		COMPANIES HOUSE		
1	Company details			
Company number	0 1 4 7 3 7 8 9	→ Filling in this form Please complete in typescript or in		
Company name in full	Perbury Limited	bold black capitals.		
2	Liquidator's name			
Full forename(s)	Thomas Charles			
Surname	Russell			
3	Liquidator's address			
Building name/number	The White Building			
Street	1-4 Cumberland Place			
Post town	Southampton			
County/Region				
Postcode	S O 1 5 2 N P			
Country				
4	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	023 8022 1222	public record.		
5	Insolvency practitioner number			
Number	1 5 9 9 4			

600

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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 @	
Building name/numbe	r	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	$\begin{bmatrix} d & d & d \end{bmatrix}$ $\begin{bmatrix} d & d & d $	
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 MMMMM	×
Signature date	$\begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} d & 8 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 2 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$	

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	
Company name	James Cowper Kreston
Address	The White Building
	1-4 Cumberland Place
Post town	Southampton
County/Region	
Postcode	S O 1 5 2 N P
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 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

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600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Comp	any (detai	ls							
 Company number						_					
Company name in full											
2	Liqui	dator	's na	me							
Full forename(s)											
Surname											
3	Liqui	dator	's ad	dres	s		- 111-				
Building name/number											
Street											
Post town		_									
County/Region		_F									
Postcode	<u> </u>	_									
Country											
4	Liqui	dator	's en	nail a	addres	S	or telephone number •				
Email address									• You must give an email address or telephone number. All information		
Telephone number									on this form will appear on the public record.		
5	Insol	vency	/ prac	ctitic	ner n	un	nber	·			
Insolvency practitioner											
number		·	·		. ,						