

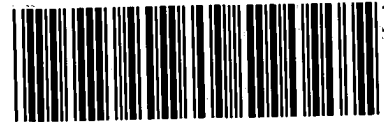
# 600

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



Companies House

MONDAY



A26 18/12/2023 #94  
COMPANIES HOUSE

### 1 Company details

Company number 0 1 5 9 9 0 7 8

Company name in full Glynde Limited

→ Filling in this form  
Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Lauren Rachel

Surname Cullen

### 3 Liquidator's address

Building name/number 197 Kingston Road

Street Epsom

Post town Surrey

County/Region

Postcode K T 1 9 0 A B

Country

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

Email address

Telephone number 0203 8877 200

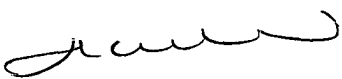
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 1 8 0 5 0

600

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

|                                                                      |                                                                                                                         |                                                                                                                                                                    |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6 Liquidator's name <sup>①</sup></b>                              |                                                                                                                         | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Full forename(s)                                                     |                                                                                                                         |                                                                                                                                                                    |
| Surname                                                              |                                                                                                                         |                                                                                                                                                                    |
| <b>7 Liquidator's address <sup>②</sup></b>                           |                                                                                                                         | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number                                                 |                                                                                                                         |                                                                                                                                                                    |
| Street                                                               |                                                                                                                         |                                                                                                                                                                    |
| Post town                                                            |                                                                                                                         |                                                                                                                                                                    |
| County/Region                                                        |                                                                                                                         |                                                                                                                                                                    |
| Postcode                                                             |                                                                                                                         |                                                                                                                                                                    |
| Country                                                              |                                                                                                                         |                                                                                                                                                                    |
| <b>8 Liquidator's email address or telephone number <sup>③</sup></b> |                                                                                                                         | <b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>                                        |
| Email address                                                        |                                                                                                                         |                                                                                                                                                                    |
| Telephone number                                                     |                                                                                                                         |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                              |                                                                                                                         |                                                                                                                                                                    |
| Number                                                               |                                                                                                                         |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                   |                                                                                                                         |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                    |                                                                                                                         |                                                                                                                                                                    |
| Date                                                                 | <sup>d</sup> 1 <sup>d</sup> 4 <sup>m</sup> 1 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 3 |                                                                                                                                                                    |
| <b>11 Appointment details</b>                                        |                                                                                                                         |                                                                                                                                                                    |
| The appointment was made by<br>(Tick one)                            |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Company                          |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                   |                                                                                                                         |                                                                                                                                                                    |
| <b>12 Type of liquidation</b>                                        |                                                                                                                         |                                                                                                                                                                    |
| Tick to confirm the liquidation type                                 |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Members                          |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                   |                                                                                                                         |                                                                                                                                                                    |
| <b>13 Sign and date</b>                                              |                                                                                                                         |                                                                                                                                                                    |
| Liquidator's signature                                               | Signature<br>X  X                    |                                                                                                                                                                    |
| Signature date                                                       | <sup>d</sup> 1 <sup>d</sup> 4 <sup>m</sup> 1 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 3 |                                                                                                                                                                    |

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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

Cullen & Co UK Limited

Address

197 Kingston Road

Epsom

Post town

Surrey

County/Region

Postcode

K T 1 9 0 A B

Country

DX

Telephone

0203 8877 200



## 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)