

# 600

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



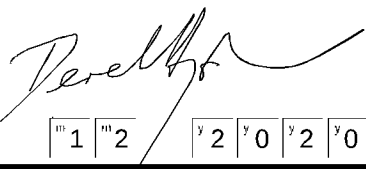
Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

|                      |                                                                    |                                                                                                                                      |
|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>             | <b>Company details</b>                                             |                                                                                                                                      |
| Company number       | 0 1 7 4 0 0 2 0                                                    | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals.                                         |
| Company name in full | WEIR DRILLING SERVICES LIMITED                                     |                                                                                                                                      |
| <b>2</b>             | <b>Liquidator's name</b>                                           |                                                                                                                                      |
| Full forename(s)     | Derek                                                              |                                                                                                                                      |
| Surname              | Hyslop                                                             |                                                                                                                                      |
| <b>3</b>             | <b>Liquidator's address</b>                                        |                                                                                                                                      |
| Building name/number | Atria One                                                          |                                                                                                                                      |
| Street               | 144 Morrison Street                                                |                                                                                                                                      |
| Post town            |                                                                    |                                                                                                                                      |
| County/Region        | Edinburgh                                                          |                                                                                                                                      |
| Postcode             | E H 3 8 E X                                                        |                                                                                                                                      |
| Country              |                                                                    |                                                                                                                                      |
| <b>4</b>             | <b>Liquidator's email address or telephone number <sup>❶</sup></b> | <b>❶</b> You must give an email address or<br>telephone number. All information<br>on this form will appear on the<br>public record. |
| Email address        | dhyslop1@parthenon.ey.com                                          |                                                                                                                                      |
| Telephone number     | 020 7951 2000                                                      |                                                                                                                                      |
| <b>5</b>             | <b>Insolvency practitioner number</b>                              |                                                                                                                                      |
| Number               | 9 9 7 0                                                            |                                                                                                                                      |

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|                        |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6</b>               | <b>Liquidator's name<sup>①</sup></b>                                                                                                                                                                                         |  |                                                                                                                                                                    |
| Full forename(s)       | Colin                                                                                                                                                                                                                        |  | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Surname                | Dempster                                                                                                                                                                                                                     |  |                                                                                                                                                                    |
| <b>7</b>               | <b>Liquidator's address<sup>②</sup></b>                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Building name/number   | Atria One                                                                                                                                                                                                                    |  | <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. |
| Street                 | 144 Morrison Street                                                                                                                                                                                                          |  |                                                                                                                                                                    |
| Post town              |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
| County/Region          | Edinburgh                                                                                                                                                                                                                    |  |                                                                                                                                                                    |
| Postcode               | E   H   3   8   E   X                                                                                                                                                                                                        |  |                                                                                                                                                                    |
| Country                |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
| <b>8</b>               | <b>Liquidator's email address or telephone number<sup>③</sup></b>                                                                                                                                                            |  |                                                                                                                                                                    |
| Email address          | cdempster@parthenon.ey.com                                                                                                                                                                                                   |  | <b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>                                        |
| Telephone number       | 020 7951 2000                                                                                                                                                                                                                |  |                                                                                                                                                                    |
| <b>9</b>               | <b>Insolvency practitioner number</b>                                                                                                                                                                                        |  |                                                                                                                                                                    |
| Number                 | 8   9   0   8                                                                                                                                                                                                                |  |                                                                                                                                                                    |
| <b>10</b>              | <b>Statement of appointment</b>                                                                                                                                                                                              |  |                                                                                                                                                                    |
|                        | I confirm the appointment of the liquidator(s) on                                                                                                                                                                            |  |                                                                                                                                                                    |
| Date                   | <div> <div>d</div> <div>2</div> <div>d</div> <div>1</div> <div>m</div> <div>1</div> <div>m</div> <div>2</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div> |  |                                                                                                                                                                    |
| <b>11</b>              | <b>Appointment details</b>                                                                                                                                                                                                   |  |                                                                                                                                                                    |
|                        | The appointment was made by (Tick one)                                                                                                                                                                                       |  |                                                                                                                                                                    |
|                        | <input checked="" type="checkbox"/> Company<br><input type="checkbox"/> Creditors                                                                                                                                            |  |                                                                                                                                                                    |
| <b>12</b>              | <b>Type of liquidation</b>                                                                                                                                                                                                   |  |                                                                                                                                                                    |
|                        | Tick to confirm the liquidation type                                                                                                                                                                                         |  |                                                                                                                                                                    |
|                        | <input checked="" type="checkbox"/> Members<br><input type="checkbox"/> Creditors                                                                                                                                            |  |                                                                                                                                                                    |
| <b>13</b>              | <b>Sign and date</b>                                                                                                                                                                                                         |  |                                                                                                                                                                    |
| Liquidator's signature | <div> <div>Signature</div> <div>X</div> <div></div> <div>X</div> </div>                                                                   |  |                                                                                                                                                                    |
| Signature date         | <div> <div>d</div> <div>2</div> <div>d</div> <div>1</div> <div>m</div> <div>1</div> <div>m</div> <div>2</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div> |  |                                                                                                                                                                    |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                                                                                                 | <b>Presenter information</b> |
| 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                                                                                                                                                                                                     | Alana Lyttle                 |
| Company name                                                                                                                                                                                                     | Ernst & Young LLP            |
|                                                                                                                                                                                                                  |                              |
| Address                                                                                                                                                                                                          | Atria One                    |
|                                                                                                                                                                                                                  | 144 Morrison Street          |
|                                                                                                                                                                                                                  |                              |
| Post town                                                                                                                                                                                                        | Edinburgh                    |
| County/Region                                                                                                                                                                                                    |                              |
| Postcode                                                                                                                                                                                                         | E H 3 8 E X                  |
| Country                                                                                                                                                                                                          |                              |
| DX                                                                                                                                                                                                               |                              |
| Telephone                                                                                                                                                                                                        | +44 13 1240 2598             |
|                                                                                                                               | <b>Checklist</b>             |
| We may return forms completed incorrectly or with information missing.                                                                                                                                           |                              |
| Please make sure you have remembered the following:                                                                                                                                                              |                              |
| <input type="checkbox"/> The company name and number match the information held on the public Register.                                                                                                          |                              |
| <input type="checkbox"/> You have signed and dated the form.                                                                                                                                                     |                              |

|                                                                                                                                                                                                                                                |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                               | <b>Important information</b> |
| All information on this form will appear on the public record.                                                                                                                                                                                 |                              |
|                                                                                                                                                               | <b>Where to send</b>         |
| 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,<br>Crown Way, Cardiff, Wales, CF14 3UZ.<br>DX 33050 Cardiff.                                                                                                                                      |                              |
|                                                                                                                                                               | <b>Further information</b>   |
| For further information please see the guidance notes on the website at <a href="http://www.gov.uk/companieshouse">www.gov.uk/companieshouse</a> or email <a href="mailto:enquiries@companieshouse.gov.uk">enquiries@companieshouse.gov.uk</a> |                              |
| This form is available in an alternative format. Please visit the forms page on the website at <a href="http://www.gov.uk/companieshouse">www.gov.uk/companieshouse</a>                                                                        |                              |