In accordance with section 109 of the Insolvency Act 1986

# 600



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

A1:



A12 23/04/2018 COMPANIES HOUSE

#45

1	Company details		
Company number	0 1 8 2 1 4 9 0	→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	Ashlane Merchants Limited		
2	Liquidator's name	·	
Full forename(s)	Colin		
Surname	Nicholls		
3	Liquidator's address		
Building name/number	1 Castle Street		
Street		The second secon	
Post town	Worcester		
County/Region			
Postcode	WR 1 3 AA		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	colin.nicholls@smartinsolvency.co.uk	telephone number. All information on this form will appear on the	
Telephone number	01905 888737	public record.	
5	Insolvency practitioner number		
Number	9 0 5 2		

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6	Liquidator's name •		
Full forename(s)	Andrew	Other Liquidator's details Use this section to tell us about	
Surname	Shackleton	another liquidator,	
7	Liquidator's address ®		
Building name/number Street	1 Castle Street	Other Liquidator's details Use this section to tell us about	
		another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town	Worcester		
County/Region			
Postcode	WR 1 3 A A		
Country			
8	Liquidator's email address or telephone number ®	You must give an email address or	
Email address	andrew.shackleton@smartinsolvency.co.uk	telephone number. All information on this form will appear on the	
Telephone number	01905 888737	public record.	
9	Insolvency practitioner number		
Number	9 7 2 4		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	2   0   0   4   2   0   1   8		
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	×	
Signature date	$\begin{bmatrix} 1 & & & & \\ 2 & 0 & & & \\ & 2 & 0 & \end{bmatrix} \begin{bmatrix} m & m & \\ & 4 & & \\ & & 2 & 0 \\ \end{bmatrix} \begin{bmatrix} y & & y \\ & 1 \\ \end{bmatrix} \begin{bmatrix} y & \\ & 8 \\ \end{bmatrix}$		

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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	Andrew Aindow
Company name	Smart Insolvency Solutions Ltd
	-
Address	1 Castle Street
	Worcester
Post town	WR1 3AA
County/Region	
Postcode	
Country	
DX	
Telephone	01905 888737

# 1

#### 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