In accordance with section 109 of the Insolvency Act 1986

## 600



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

\*A864ØF5X\*

A15 15/10/2019 COMPANIES HOUSE

#305

		COMPANIED HOUSE	
1	Company details		
Company number	0 2 6 0 3 6 1 4	→ Filling in this form  Please complete in typescript or in	
Company name in full	Elec-Track Installations Limited	bold black capitals.	
2	Liquidator's name		
Full forename(s)	Simon David		
Surname	Chandler		
3	Liquidator's address		
Building name/number	c/o Mazars LLP		
Street	Tower Bridge House		
Post town	St Katharine's Way		
County/Region	London		
Postcode	E 1 W 1 DD		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address o	
Email address		telephone number. All information on this form will appear on the public record.	
Telephone number	0121 232 9500		
5	Insolvency practitioner number		
Number	0 0 8 8 2 2		

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6	Liquidator's name <sup>6</sup>	
Full forename(s)	Guy Robert Thomas	Other Liquidator's details Use this section to tell us about
Surname	Hollander	another liquidator.
7	Liquidator's address o	
Building name/number	c/o Mazars LLP	Other Liquidator's details Use this section to tell us about another liquidator. Use the
Street	Tower Bridge House	
		<ul> <li>continuation page to tell us about more than two liquidators.</li> </ul>
Post town	St Katharine's Way	_
County/Region	London	_
Postcode	E 1 W 1 D D	
Country		_
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address of
mail address		telephone number. All information
Telephone number	0121 232 9500	public record.
9	Insolvency practitioner number	
Number	0 0 9 2 3 3	
10	Statement of appointment	
_	I confirm the appointment of the liquidator(s) on	
Date	0 7 T 0 2 0 1 9	
11	Appointment details	
	The appointment was made by	
	(Tick one)	
	<ul><li>☑ Company</li><li>☐ Creditors</li></ul>	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	✓ Members	
	□ Creditors	
13	Sign and date	I
.iquidator's signature	Signature	_
	X Sproit an alm	<
Signature date	d d d T T T T T T T T T T T T T T T T T	

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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	Simon David Chandler
Company name	Mazars LLP
Address	45 Church Street
	Birmingham
Post town	B3 2RT
County/Region	
Postcode	
Country	
DX	
Telephone	0121 232 9500

#### 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