In accordance with section 109 of the Insolvency Act 1986

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

COMPANIES HOUSE

1	Company details	
Company number	0 2 6 0 3 9 8 5	→ Filling in this form Please complete in typescript or in
Company name in full	Intelligent Business Services Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Matthew	
Surname	Waghorn	
3	Liquidator's address	
Building name/number	92 London Street	
Street	Reading	
Post town		
County/Region	Berkshire	
Postcode	R G 1 4 S J	
Country		
4	Liquidator's email address or telephone number •	You must give an email address or
Email address	matthew.waghorn@wilkinskennedy.com	telephone number. All information on this form will appear on the
Telephone number	01189 512131	public record.
5	Insolvency practitioner number	
Number	0 0 9 4 3 2	

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6	Liqui	date	or's i	nam	e	•												
Full forename(s)	Ant	hony	,														Other Liquidator's details Use this section to tell us about another liquidator	
Surname	Cork																	
7	Lìquì	date	or's a	addı	ess	•)										-	
Building name/number	Brid	dge ⊦	louse	!							•						Other Liquidator's details	
Street	Lor	ndon	Bridg ———	e	_				_								Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town	Lor	don															1, 222	
County/Region									· <u>-</u>		-	-						
Postcode	S	E	1		9	Q	R	\prod	T								I	
Country		•													-			
8	Liqui	date	or's (ema	il ad	dres	s or	tel	epl	or	e r	ıun	nbe	er	•	 		_
Email address	ma	tthev	v.wag	horn	@wi	lkinsk	enne	edy.	om	; 		•		<u>, </u>			You must give an email address or telephone number. All information on this form will	
Telephone number	011	.89 5	1213	1		18-										 	appear on the public record.	
9	Insol	ven	су рі	racti	tion	er n	umb	er										٦
Number	0	0	9	4	0	1			7									
10	State	me	nt of	арр	oin	tmer	nt									 		_
	l con	firm t	the a	ppoir	itmer	nt of 1	the li	quid	ato	r(s)	on							_
Date	1	5		0	1		2	0	1	Ť	9							
11	Appo	ointr	nen	t det	ails				-	•								
		Comp Credit	ors	t was	mad	e by												

12	Type of liquidation									
	☐ Members ☐ Creditors									
	 Tick to confirm the liquidation type									
13	Sign and date	-								
Liquidator's signat	X	×								
Signature date	Signature 2 5 0 1 2 0 1 9.									

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Presenter information You do not have to give any contact

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.

Matthew Jo	hn Wag	ghorn	!					
Wilkins Keni	nedy							
92 London	Street		_		,			
Reading								
					-			
Berkshire								
Postcode	R	G	1		4	s	J	
			<u> </u>					
DX				_				

01189 512131

✓ 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