

CHFP080

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

Please do not

Write in this margin

Please complete legibly preferably in black type or bold block lettering *Insert full name of company

Pursuant to section 10	9 of the Insolvency Act 19	986	
To the Registrar of Companies (Address Overleaf)		For official use	Company number
Name of Company			
Industrial Control Softv	vare Limited		
Nature of Business			
Dormant			
I give notice that I have 15 December 2014	been appointed liquidate	or (e) of the above Company or	n
The appointment was I	oy Members		
Type of liquidation Me	embers Voluntary Liquidat	tion	
Name of Liquidator Office holder number Address	Tim Alan Askham 007905 c/o Mazars LLP The Lexicon Mount Street Manchester M2 5NT		
Signature	mass	Date /	C12114

Presentor's name and address and reference (If any)

NOVAR2015 Tım Alan Askham Mazars LLP The Lexicon **Mount Street** Manchester

M2 5NT

Time Critical Reference

For Official Use General Section

Post room

A07 18/12/2014 **COMPANIES HOUSE**