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

For further information, please refer to our guidance at www.gov.uk/companieshouse

2 Liquidat Full forename(s) Rachel I Surname Lai Liquidat	or's address eign Quay	→ Filling in this form Please complete in typescript or in bold black capitals.	
2 Liquidat  Full forename(s) Rachel I  Surname Lai  3 Liquidat  Building name/number 2 Sovere	delen  delen  der's address  deign Quay	bold black capitals.	
Full forename(s)  Surname  Lai  Liquidat  Building name/number  2 Sovere	Helen  or's address  eign Quay		
Full forename(s)  Surname  Lai  Liquidat  Building name/number  2 Sovere	Helen  or's address  eign Quay		
Surname Lai  Building name/number 2 Sovere	or's address eign Quay		
Building name/number 2 Sovere	eign Quay		
Building name/number 2 Sovere	eign Quay		
	<u> </u>		
Street Havann	ah Street		
	an Street		
Post town Cardiff			
County/Region			
Postcode C F	1 0 5 S F		
Country			
4 Liquidat	Liquidator's email address or telephone number • O You must give an		
Email address		telephone number. All information on this form will appear on the public record.	
Telephone number 0207 38	7 5868		
5 Insolve	ncy practitioner number		
Number 1 8	0 1 8		

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6	Liquidator's name <sup>10</sup>		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address @		
Building name/number		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.	
Street			
Post town			
County/Region			
Postcode			
Country			
8	Liquidator's email address or telephone number ©	You must give an email address or	
Email address		telephone number. All information on this form will appear on the	
Telephone number		public record.	
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$ \begin{bmatrix}     d \\     \hline     \end{bmatrix} \begin{bmatrix}     d \\     \hline     \end{bmatrix} \begin{bmatrix}             m \\           \end{bmatrix} \begin{bmatrix}             m \\           \end{bmatrix} \begin{bmatrix}             y \\             y \\         $		
11	Appointment details		
	The appointment was made by (Tick one)  □ Company Court □ Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type  ☐ Members ☐ Creditors		
13	Sign and date		
Liquidator's signature	Signature  R.H.Lau	×	
 Signature date	$\begin{bmatrix} 1 & 1 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 0 $		

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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
Company name Menzies LLP
Address Lynton House
7-12 Tavistock Square
Post town London
County/Region
Postcode         W         C         1         H         9         L         T
Country
DX
Telephone

### ✓ 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