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



Companies House

SATURDAY



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A09

28/09/2019

#181

COMPANIES HOUSE

### 1 Company details

Company number 0 2 8 8 9 8 9 5

Company name in full M.K.O. RAWMARSH LIMITED

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) JONATHAN

Surname AMOR

### 3 Liquidator's address

Building name/number MILL 2 ST PEGS MILL

Street THORNHILLS BECK LANE

Post town BRIGHOUSE

County/Region WEST YORKSHIRE

Postcode H D 6 4 A H

Country ENGLAND

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address jonathan@aminsolvency.co.uk

Telephone number 01142096088

① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 1 7 7 7 0

600

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

## 6 Liquidator's name<sup>①</sup>

Full forename(s)

Surname

### ① Other Liquidator's details

Use this section to tell us about another liquidator.

## 7 Liquidator's address<sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

### ② 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.

## 8 Liquidator's email address or telephone number<sup>③</sup>

Email address

Telephone number

③ You must give an email address or telephone number. All information on this form will appear on the public record.

## 9 Insolvency practitioner number

Number

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d

2

d

6

m

0

m

9

y

2

y

0

y

1

y

9

## 11 Appointment details

The appointment was made by  
(Tick one)

☒ Company

☐ Creditors

## 12 Type of liquidation

Tick to confirm the liquidation type

☒ Members

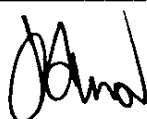
☐ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

d

2

d

7

m

0

m

9

y

2

y

0

y

1

y

9

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

## **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 **JONATHAN AMOR**

Company name **A.M. INSOLVENCY LIMITED**

Address **MILL 2 ST PEGS MILL**

**THORNHILLS BECK LANE**

Post town **BRIGHOUSE**

County/Region **WEST YORKSHIRE**

Postcode 

H	D	6		4	A	H
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Country **ENGLAND**

DX

Telephone **01142096088**

## **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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**