

# 600

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



Companies House

WEDNESDAY



A31 \*A6LNE1LK\* 20/12/2017 #284  
COMPANIES HOUSE

### 1 Company details

Company number 0 3 1 3 9 5 0 9

Company name in full INTERNATIONAL PROCESS TECHNOLOGIES LIMITED

→ Filling in this form  
Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) IAN HARVEY

Surname DEAN ✓

### 3 Liquidator's address

Building name/number ATHENE PLACE

Street 66 SHOE LANE

Post town LONDON

County/Region LONDON

Postcode E C 4 A 3 B Q

Country UK

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

Email address idean@deloitte.co.uk

Telephone number +44 (0) 20 7303 6688

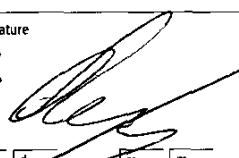
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 0 0 0 0 9 4 6 2

600

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|   |  |  |
|---|--|--|
| <b>6 Liquidator's name<sup>①</sup></b>                              |  | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.   |
| Full forename(s)  | STEPHEN ROLAND   |  |
| Surname   | BROWNE   |  |
| <b>7 Liquidator's address<sup>②</sup></b>                           |  | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number  | ATHENE PLACE   |  |
| Street  | 66 SHOE LANE   |  |
| Post town   | LONDON   |  |
| County/Region   | LONDON   |  |
| Postcode  | E C 4 A 3 B Q  |  |
| Country   | UK   |  |
| <b>8 Liquidator's email address or telephone number<sup>③</sup></b> |  | <b>③ You must give an email address or telephone number. All information on this form will appear on the public record</b>   |
| Email address   | stebrowne@deloitte.co.uk   |  |
| Telephone number  | +44 (0) 20 7303 6688   |  |
| <b>9 Insolvency practitioner number</b>                             |  |  |
| Number  | 0 0 0 0 9 2 8 1  |  |
| <b>10 Statement of appointment</b>                                  |  |  |
| I confirm the appointment of the liquidator(s) on                   |  |  |
| Date  | 1 9 1 2 2 0 1 7  |  |
| <b>11 Appointment details</b>                                       |  |  |
| The appointment was made by (Tick one)                              |  |  |
| <input checked="" type="checkbox"/> Company                         |  |  |
| <input type="checkbox"/> Creditors                                  |  |  |
| <b>12 Type of liquidation</b>                                       |  |  |
| Tick to confirm the liquidation type                                |  |  |
| <input checked="" type="checkbox"/> Members                         |  |  |
| <input type="checkbox"/> Creditors                                  |  |  |
| <b>13 Sign and date</b>   |  |  |
| Liquidator's signature  | Signature<br>X  X |  |
| Signature date  | 1 9 1 2 2 0 1 7  |  |