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

1	Company details	
Company number	0 3 5 1 0 1 6 5	→ Filling in this form Please complete in typescript or in
Company name in full	Twintec Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Dean Anthony	
Surname	Nelson	
3	Liquidator's address	
Building name/number	St Helen's House	
Street	King Street	
Post town	Derby	
County/Region	Derbyshire	
Postcode	DE13EE	
Country	United Kingdom	
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	dean.nelson@smithcooper.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	0115 945 4300	
5	Insolvency practitioner number	
Number	9 4 4 3	

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6	Liquidator's name [•]	
Full forename(s)	Nicholas Charles Osborn	Other Liquidator's details Use this section to tell us about
Surname	Lee	another iquidator.
7	Liquidator's address [®]	
Building name/number	158	Other Liquidator's details
Street	Edmund Street	Use this section to tell us about another liquidator. Use the
		continuation page to tell us about more than two liqu dators.
Post town	Birmingham	
County/Region	West Midlands	
Postcode	B 3 2 H B	
Country	United Kingdom	
8	Liquidator's email address or telephone number	
Email address	nick.lee@smithcooper.co.uk	telephone number. All information on this form will appear on the
Telephone number	0115 945 4300	public record.
9	Insolvency practitioner number	
Number	9 0 6 9	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
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 A Dilian	×
Signature date	$\begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} m & 1 & m & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$	

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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	Kimberley Wapplington
Company name	Smith Cooper
Address	2 Lace Market Square
Post town	Nottingham
County/Region	Nottinghamshire
Postcode	N G 1 1 P B
Country	United Kingdom
DX	
Telephone	0115 945 4300

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