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



Companies House

TUESDAY



A8GLWR37
A27 22/10/2019 #109
COMPANIES HOUSE

1 Company details

Company number 0 3 6 1 6 8 6 7

Company name in full XCHANGE 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 1

Street NEW STREET SQUARE

Post town LONDON

County/Region

Postcode E C 4 A 3 H Q

Country UNITED KINGDOM

4 Liquidator's email address or telephone number ^①

Email address swaringmitchell@deloitte.co.uk

Telephone number +44 (0) 20 7303 6688

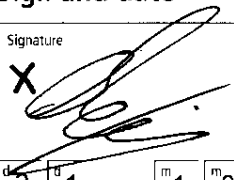
^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 0 9 4 6 2

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	STEPHEN ROLAND		
Surname	BROWNE		
7	Liquidator's address ^②		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.
Building name/number	1		
Street	New Street Square		
Post town	London		
County/Region			
Postcode	E C 4 A 3 H Q		
Country	United Kingdom		
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	swaringmitchel@deloitte.co.uk		
Telephone number	+44 (0) 20 7303 6688		
9	Insolvency practitioner number		
Number	0 0 9 4 6 2		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	<div> <div>d</div> <div>0</div> <div>d</div> <div>9</div> <div>m</div> <div>1</div> <div>m</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>		
11	Appointment details		
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature 		X
Signature date	<div> <div>d</div> <div>2</div> <div>d</div> <div>1</div> <div>m</div> <div>1</div> <div>m</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>		

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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 **SEAN WARING MITCHELL**

Company name **DELOITTE LLP**

Address **1 NEW STREET SQUARE**

Post town **LONDON**

County/Region

Postcode **E C 4 A 3 H Q**

Country **UNITED KINGDOM**

DX

Telephone **+44 (0) 20 7303 6688**

**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