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

Companies House



1	Company details		
Company number	0 3 8 7 9 5 1 1	→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	ENERGYMGT UK LIMITED		
2	Liquidator's name		
Full forename(s)	STEVEN		
Surname	SHERRY		
3	Liquidator's address		
Building name/number	PRICEWATERHOUSECOOPERS LLP	•	
Street	7 MORE LONDON RIVERSIDE		
•	1		
Post town	LONDON		
County/Region			
Postcode	SE12RT		
Country	UNITED KINGDOM		
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	STEVEN.A.SHERRY@PWC.COM	telephone number. All information on this form will appear on the public record.	
Telephone number			
5	Insolvency practitioner number		
Number	1 9 7 5 2		
• •			

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

Surname CRAY  Liquidator's address   Building name/number 1  Street CHAMBERLAIN SQUARE  COUNTY BIRMINGHAM  County/Region  Postcode B 3 3 A X  Country UNITED KINGDOM  8 Liquidator's email address or telephone number   1 7 4 5 0	6	Liquidator's name <sup>0</sup>	
CRAY   Ciquidator's address	Full forename(s)	ЕММА	
Building name/number   1  Street   CHAMBERLAIN SQUARE   Use this section to tell us about more than two liquidators. Post town   BIRMINGHAM    County/Region   Postcode   B   3   3   A   X    Country   UNITED KINGDOM    Building name/number   1   7   4   5   0    Insolvency practitioner number   1   7   4   5   0    It confirm the appointment of the liquidator(s) on Date   3   2   5   6   8   1   2   10   12   10    Appointment details   The appointment details   The appointment be included in the public of the confirming of the public of the	Surname	CRAY	
Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.    Post town	7	Liquidator's address <sup>9</sup>	
CHAMBERLAIN SQUARE  Chamber County  Post town  BIRMINGHAM  County/Region  Restorde  B 3 3 A X  Country  UNITED KINGDOM  Statement of appointment to the liquidator(s) on Date  1 7 4 5 0	Building name/number	1	
Post town BIRMINGHAM  County/Region Postcode B 3 A X  Country UNITED KINGDOM  8 Liquidator's email address or telephone number Posterial address or telephone number of telephone number. All information on this form will appear on the public record.  9 Insolvency practitioner number  Number 1 7 4 5 0	Street	CHAMBERLAIN SQUARE	another liquidator. Use the
County/Region  Postcode  B 3 3 A X  Country  UNITED KINGDOM  Liquidator's email address or telephone number  Email address  EMMA.CRAY@pwc.com  Insolvency practitioner number  Pumber  1 7 4 5 0  Statement of appointment  I confirm the appointment of the liquidator(s) on  Date  d 2 5 70 8 72 70 72 70  Appointment details  The appointment was made by (Tick one)  Company Creditors  Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Liquidator's signature  Signature  X  Members Creditors  Years A X  X			
Postcode  B 3 3 A X  Country  UNITED KINGDOM  8 Liquidator's email address or telephone number of telephone number of telephone number  Email address  EMMA.CRAY@pwc.com  Insolvency practitioner number  Number 1 7 4 5 0	Post town	BIRMINGHAM	
UNITED KINGDOM    Country   UNITED KINGDOM   Country   C	County/Region		
Email address	Postcode	B 3 3 A X	
Email address	Country	UNITED KINGDOM	
Statement of appointment   I confirm the appointment was made by (Tick one)   Creditors	8	Liquidator's email address or telephone number <sup>©</sup>	
Insolvency practitioner number   I   7   4   5   0	Email address	EMMA.CRAY@pwc.com	
Number 1 7 4 5 0	Telephone number		public record.
Statement of appointment    confirm the appointment of the liquidator(s) on     Date   d 2   d 5   m 0   m 8   y 2   y 0   y 2   y 0     11	9	Insolvency practitioner number	
I confirm the appointment of the liquidator(s) on     Date	Number .	1 7 4 5 0	
Date    d 2   d 5   m 0 m 8   v 2   v 0   v 2   v 0	10 .	Statement of appointment	
Appointment details  The appointment was made by (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature  Signature X  Manuel X  X		<u></u>	
The appointment was made by (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature X  Liquidator's signature X  Liquidator's signature X	Date	d2   d5	
(Tick one) ☐ Company ☐ Creditors  12	11	Appointment details	
Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature X  Mull X			
Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Liquidator's signature  X  Mullipudation type  X  X			
Tick to confirm the liquidation type  ☑ Members □ Creditors  Sign and date  Liquidator's signature  X			
Members Creditors  Sign and date  Liquidator's signature  X  Members Creditors  X  X	12	Type of liquidation	
Sign and date  Liquidator's signature  X		1	
Sign and date  Liquidator's signature X X			, ,
Liquidator's signature X Aulu X		La Creditors	
× Julle	13	Sign and date	
	Liquidator's signature		
Signature date   d 2   d 5   m 0   m 8   y 2   y 0   y 2   y 0		× / / / / ×	
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	Signature date	$\begin{bmatrix} d & 2 & d & 5 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 8 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 & y & 2 & y & 0 \end{bmatrix}$	
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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 JAMES YEOWARD Company name PRICEWATERHOUSECOOPERS LLP Address 1 CHAMBERLAIN SQUARE Post town BIRMINGHAM County/Region Postcode B 3 3 A X Country UNITED KINGDOM DX Telephone 07968803562

# ✓ 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

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Company name in full		
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Full forename(s)		
Surname		,
3	Liquidator's address	·
Building name/number		· .
Street		
Post town		
County/Region		
Postcode -		·
Country		
4	Liquidator's email address or telephone number •	<u> </u>
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	public record.
Insolvency practitioner		
number	•	
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