G

CHFP080

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

Please do not

Write in this margin

Please complete legibly preferably in black type or

lettering
*Insert full name
of company

bold block

Pursuant to section 109 of the Insolvency Act 1986			
To the Registrar of Cor (Address Overleaf)	mpanies	For official use	Company number
Name of Company			
* Mothercare com Limited			
Nature of Business			
Dormant			
I/We give notice that I/We have been appointed liquidator(s) of the above company on 27 March 2013 The appointment was by members			
Type of liquidation members Voluntary Liquidation			
Name of Liquidator Office holder number Address	Simon David Chandler 008822 45 Church Street Birmingham B3 2RT		
Signature	Such	Date 4/4/20	
Name of Liquidator Office holder number Address	Scott Christian Bevan 009614 45 Church Street Birmingham B3 2RT		
Signature	men	Date 4 / 4 /	2013
Presentor's name and address and			

Presentor's name and address and reference (If any)
MOTHCOM
Simon David Chandler
Mazars LLP
45 Church Street
Birmingham
B3 2RT

Time Critical Reference

For Official Use General Section

