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 4 0 2 2 7 1 3	→ Filling in this form	
Company name in full	John Zack Retail Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	George		
Surname	Michael		
3	Liquidator's address		
Building name/number	601 High Road Leytonstone		
Street			
Post town			
County/Region	London		
Postcode	E 1 1 4 P A		
Country			
4	Liquidator's email address or telephone number • You must give an email at		
Email address		telephone number. All information on this form will appear on the	
Telephone number	020 8556 2888	public record.	
5	Insolvency practitioner number	·	
Number	9 2 3 0		

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Full forename(s)	Harjinder	0 01 11 11 11 11
	, rialjindol	Other Liquidator's details
Surname	Johal	Use this section to tell us about another liquidator.
7	Liquidator's address o	
Building name/number	601 High Road Leytonstone	Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region	London	
Postcode	E 1 1 4 P A	
Country		
8	Liquidator's email address or telephone number [©]	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	020 8556 2888	public record.
9	Insolvency practitioner number	
Number	9 1 7 5	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} \frac{1}{2} & \frac{1}{6} & 0 \end{bmatrix} \begin{bmatrix} \frac{m}{7} & \frac{y}{2} & \frac{y}{0} & \frac{y}{2} & \frac{y}{3} \end{bmatrix}$	
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	
iquidator's signature	Signature X	×
ignature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	

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

Pres	enter information
You do not you do it v on the form	t have to give any contact information, but if will help Companies House if there is a query m. The contact information you give will be earchers of the public record.
Contact name	
Company name	Ashcrofts
Address	601 High Road Leytonstone
Post town County/Region	Landar
Postcode	London E 1 1 4 P A
Country	_ - · · · · · · ·
DX	
Telephone	020 8556 2888
✓ Chec	klist
	eturn forms completed incorrectly or mation missing.
Please m following	ake sure you have remembered the
	mpany name and number match the lation held on the public Register.
	ave 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