

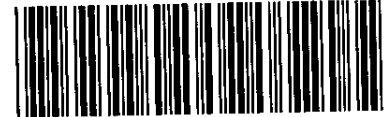
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Notice of appointment of liquidator in a
members' or creditors' voluntary winding up



Companies House

SATURDAY



A8KT2R75

A09

21/12/2019

#711

COMPANIES HOUSE

1	Company details	
Company number	0 4 1 4 3 9 0 5	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Cheshire Packaging Group Limited	
2	Liquidator's name	
Full forename(s)	Alan	
Surname	Fallows	
3	Liquidator's address	
Building name/number	1 City Road East	
Street	Manchester	
Post town		
County/Region		
Postcode	M 1 5 4 P N	
Country		
4	Liquidator's email address or telephone number ^①	
Email address		
Telephone number	0161 832 6221	
5	Insolvency practitioner number	
Number	9 5 6 7	

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

Continuation page

Name and address of insolvency practitioner

✓ **What this form is for**
Use this continuation page to tell us about another insolvency practitioner where more than 2 are already jointly appointed. Attach this to the relevant form. ①
Use extra copies to tell us of additional insolvency practitioners.

✗ **What this form is NOT for**
You can't use this continuation page to tell us about an appointment, resignation, removal or vacation of office.

→ **Filling in this form**
Please complete in typescript or in bold black capitals.
All fields are mandatory unless specified or indicated by *

1 Appointment type

Tick to show the nature of the appointment:

- ☐ Administrator
- ☐ Administrative receiver
- ☐ Receiver
- ☐ Manager
- ☐ Nominee
- ☐ Supervisor
- ☒ Liquidator
- ☐ Provisional liquidator

① You can use this continuation page with the following forms:
- VAM1, VAM2, VAM3, VAM4, VAM6, VAM7
- CVA1, CVA3, CVA4
- AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25
- REC1, REC2, REC3
- LIQ2, LIQ3, LIQ05, LIQ13, LIQ14, WU07, WU15
- COM1, COM2, COM3, COM4
- NDISC

2 Insolvency practitioner's name

Full forename(s) **Alessandro**

Surname **Sidoli**

3 Insolvency practitioner's address

Building name/number **1 City Road East**

Street **Manchester**

Post town

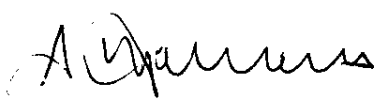
County/Region

Postcode **M 1 5 4 P N**

Country

600

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

6	Liquidator's name ^①	
Full forename(s)	Peter James	
Surname	Anderson	
		① Other Liquidator's details Use this section to tell us about another liquidator.
7	Liquidator's address ^②	
Building name/number	1 City Road East	
Street	Manchester	
Post town		
County/Region		
Postcode	M 1 5 4 P N	
Country		
		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.
8	Liquidator's email address or telephone number ^③	
Email address		
Telephone number	0161 832 6221	
		③ You must give an email address or telephone number. All information on this form will appear on the public record.
9	Insolvency practitioner number	
Number	1 5 3 3 6	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	1 6 1 2 2 0 1 9	
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 type="checkbox"/> Members	
	<input checked="" type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature X  X	
Signature date	1 7 1 2 2 0 1 9	

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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 **Troy Tull**

Company name **Kay Johnson Gee Corporate Recovery Limited**

Address **1 City Road East
Manchester**

Post town

Country/Region

Postcode **M 1 5 4 P N**

Country

DX

Telephone **0161 832 6221**

**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