In accordance with section 109 of the Insolvency Act 1986

## 600



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

\*A

A17 14/02/2020 COMPANIES HOUSE

#344

1	Company details	
Company number	0 4 3 8 3 8 0 1	→ Filling in this form  Please complete in typescript or in
Company name in full	The Bodychef Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Hayley	
Surname	Watson	
3	Liquidator's address	
Building name/number	Townshend House	
Street	Crown Road	
Post town	Norwich	
County/Region		
Postcode	NR13DT	
Country		
4	Liquidator's email address or telephone number • You mus	
Email address		telephone number. All information on this form will appear on the public record.
Telephone number	01603 877540	
5	Insolvency practitioner number	
Number	2 3 4 5 0	

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6	Líquidator's name <sup>©</sup>	
Full forename(s)	Andrew	Other Liquidator's details Use this section to tell us about
Surname	McTear	another liquidator.
7	Líquidator's address 🛮	
Building name/number	Townshend House	Other Liquidator's details
Street	Crown Road	Use this section to tell us about another liquidator. Use the continuation page to tell us about
Post town	Norwich	more than two liquidators.
County/Region		<del></del>
Postcode	NR 1 3 DT	
Country		
8		
Email address	Eldardator 3 cman address of telephone number	You must give an email address o telephone number. All information
Telephone number	04000 077540	on this form will appear on the public record.
	01603 877540   Insolvency practitioner number	
9 Number		
	0 0 7 2 4 2	
10	Statement of appointment  I confirm the appointment of the liquidator(s) on	
Date		
11	Appointment details	
_	The appointment was made by (Tick one) ☑ Company ☐ Creditors	
12	Type of liquidation	<u></u>
	Tick to confirm the liquidation type  ☐ Members ☐ Creditors	
13	Sign and date	
Liquidator's signature	Signature	×
Signature date	$\begin{bmatrix} 1 & 1 & 3 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 1 \end{bmatrix}$	

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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	Sara Shreeve  McTear Williams & Wood Limite	
Company name		
Address	Townshend House	
	Crown Road	
Post town	Norwich	
County/Region		
Postcode	N R 1 3 D T	
Country		
DX		
Telephone	01603 877540	

#### ✓ 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