

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 0 4 6 8 2 9 3 1

Company name in full Norvik Foods Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Philip

Surname Booth

### 3 Liquidator's address

Building name/number Coopers House

Street Intake Lane

Post town Ossett

County/Region

Postcode W F 5 0 R G

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 01924 263777

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

### 5 Insolvency practitioner number

Number 9 4 7 0

600

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## **6** Liquidator's name<sup>①</sup>

Full forename(s)

Surname

**① Other Liquidator's details**  
Use this section to tell us about another liquidator.

## **7** Liquidator's address<sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

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<sup>③</sup>

Email address

Telephone number

**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

## **10** Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	0	5	m	0	2	y	2	0	2	y	1
---	---	---	---	---	---	---	---	---	---	---	---

## **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

Liquidator's signature

Signature

X 

X

Signature date

d	1	1	m	0	2	y	2	0	2	y	1
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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	Alistair Barnes				
Company name	Booth & Co				
Address	Coopers House Intake Lane				
Post town	Ossett				
County/Region					
Postcode	W	F	5		0 R G
Country					
DX					
Telephone	01924 263777				



## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)