

600

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



Companies House

WEDNESDAY



A06 06/02/2019 #362
COMPANIES HOUSE

1 Company details

Company number 05073203
Company name in full NEW START VENTURES LIMITED

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) SEAN KENNETH
Surname CROSTON

3 Liquidator's address

Building name/number 30
Street FINSBURY SQUARE
Post town LONDON
County/Region
Postcode EC2P 2YU
Country ENGLAND

4 Liquidator's email address or telephone number ^①

Email address
Telephone number 020 7865 2760


① 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 8930

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6	Liquidator's name ^①	
Full forename(s)		
Surname		
	① Other Liquidator's details Use this section to tell us about another liquidator.	
7	Liquidator's address ^②	
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 ^③	
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	<div> <div>d</div> <div>3</div> <div>d</div> <div>0</div> <div>m</div> <div>0</div> <div>m</div> <div>1</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>	
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 checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature <div> <div>X</div> <div>  </div> <div>X</div> </div>	
Signature date	<div> <div>d</div> <div>0</div> <div>d</div> <div>5</div> <div>m</div> <div>0</div> <div>m</div> <div>2</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>	

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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	Colin Morris
Company name	Grant Thornton UK LLP
Address	30 Finsbury Square
Post town	London
County/Region	
Postcode	E C 2 P 2 Y U
Country	England
DX	
Telephone	020 7865 2760

**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