

# 600

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



Companies House

THURSDAY



A17 \*A7FUNM35\*  
04/10/2018 #395  
COMPANIES HOUSE

### 1 Company details

Company number 0 5 1 3 7 1 0 3

Company name in full NJW Solutions Limited

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

### 2 Liquidator's name

Full forename(s) Simon Thomas

Surname Barriball

### 3 Liquidator's address

Building name/number 10 St Helen's Road

Street

Post town Swansea

County/Region

Postcode S A 1 4 A W

Country

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

Email address simon@mcalistenco.co.uk

Telephone number 03300563600

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 1 1 9 5 0

600

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

## 6 Liquidator's name

Full forename(s) **Helen**

Surname **Whitehouse**

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

## 7 Liquidator's address

Building name/number **10 St Helen's Road**

Street

Post town **Swansea**

County/Region

Postcode **S A 1 4 A W**

Country

**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

Email address **Helen@mcalistenco.co.uk**

Telephone number **03300563600**

**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 **9 6 8 0**

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date **2 8 0 9 2 0 1 8**

## 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 **X**  **X**

Signature date **0 2 1 0 2 0 1 8**

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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	Shailesh Patel								
Company name	McAlister & Co Insolvency Practitioners Limited								
Address	10 St Helen's Road Swansea								
Post town	SA1 4AW								
County/Region									
Postcode	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Country									
DX									
Telephone	03300563600								

**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)