

# 600

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



Companies House

MONDAY



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A16

01/06/2020

#125

COMPANIES HOUSE

### 1 Company details

Company number 0 5 2 3 9 5 1 9  
Company name in full Hanover Private Office Limited

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

### 2 Liquidator's name

Full forename(s) Vincent John  
Surname Green

### 3 Liquidator's address

Building name/number 4 Mount Ephraim Road  
Street Tunbridge Wells  
Post town Kent  
County/Region  
Postcode T N 1 1 E E  
Country

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

Email address  
Telephone number 01892 700200

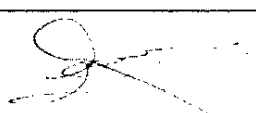
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 0 0 9 4 1 6

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<b>6 Liquidator's name<sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	Mark	
Surname	Newman	
<b>7 Liquidator's address<sup>②</sup></b>		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	4 Mount Ephraim Road	
Street	Tunbridge Wells	
Post town	Kent	
County/Region		
Postcode	T N 1 1 E E	
Country		
<b>8 Liquidator's email address or telephone number<sup>③</sup></b>		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Email address		
Telephone number	01892 700200	
<b>9 Insolvency practitioner number</b>		
Number	0 0 8 7 2 3	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	<sup>d</sup> 2 <sup>d</sup> 8 <sup>m</sup> 0 <sup>m</sup> 5 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 0	
<b>11 Appointment details</b>		
The appointment was made by (Tick one)		
<input checked="" type="checkbox"/> Company		
<input type="checkbox"/> Creditors		
<b>12 Type of liquidation</b>		
Tick to confirm the liquidation type		
<input checked="" type="checkbox"/> Members		
<input type="checkbox"/> Creditors		
<b>13 Sign and date</b>		
Liquidator's signature	Signature X  X	
Signature date	<sup>d</sup> 2 <sup>d</sup> 9 <sup>m</sup> 0 <sup>m</sup> 5 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 0	

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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	William Fuller
Company name	Crowe U.K. LLP
Address	4 Mount Ephraim Road
	Tunbridge Wells
Post town	Kent
County/Region	
Postcode	T N 1 1 E E
Country	
Dx	
Telephone	01892 700200

**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)