In accordance with section 109 of the Insolvency Act 1986

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





	Company details				
Company number	0 5 5 5 1 8 6 8	> Filling in this form			
Company name in full	Fortfield Foods Limited	Please complete in typescript or in bold black capitals.			
2	Liquidator's name				
Full forename(s)	Edward Robert				
Surname	Bines				
3	Liquidator's address				
Building name/number	The Shard				
Street	32 London Bridge Street				
Post town	London				
County/Region					
Postcode	S E 1 9 S G				
Country	UK				
4	You must give an email address of				
Email address	maddy.skerrett@kroll.com	telephone number. All informatio			
Telephone number	020 7089 4700	public record.			
5	Insolvency practitioner number				
Number	2 4 7 3 0				

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6	Liquidator's name [●]									
Full forename(s)	Paul David	●Other Liquidator's details Use this section to tell us about another liquidator.								
Surname	Williams									
7	Liquidator's address€									
Building name/number	The Shard	Other Liquidator's details								
Street	32 London Bridge Street	Use this section to tell us about another liquidator. Use the								
		continuation page to tell us about more than two liquidators.								
Post town	London									
County/Region		_								
Postcode	S E 1 9 S G									
Country	ик									
8	Liquidator's email address or telephone number●	You must give an email address or								
Email address	maddy.skerrett@kroll.com	telephone number. All information on this form will appear on the								
Telephone number	020 7089 4700	public record.								
9	Insolvency practitioner number									
Number	9 2 9 4									
10	Statement of appointment									
	I confirm the appointment of the liquidator(s) on									
Date	$\begin{bmatrix} d_2 & d_5 & & \boxed{m_0 & m_3} & & \boxed{y_2 & y_0 & y_2 & y_1} \end{bmatrix}$									
11	Appointment details									
	The appointment was made by									
	(Tick one) Company									
	☐ Creditors									
12	Type of liquidation									
	Tick to confirm the liquidation type									
·	✓ Members	•								
	□ Creditors									
1:	Sign and date									
Liquidator's signature		~								
	X CBC	×								
Signature date	d 3 d 0 m0 m3 y2 y0 y2 y1									

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

V 1									
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	Madd	ly Sk	erret						
Company name Duff & Phelps Ltd.									
									<u></u>
Address The Shard									
32 Lon	don B	ridge	e Str	eet					
Post town	London .								
County/Regi	on								
Postcode		S	Е	1		9	S	G	
Country	UK								
DX									
Telephone		7080	2770	nn					
020 7089 4700									
We may return forms completed incorrectly or									

Presenter information

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.

i 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

