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



Companies House

TUESDAY



\*S8Z24ASA\*

SCT

18/02/2020

#124

COMPANIES HOUSE

**1** Company details

Company number 0 6 0 2 4 9 4 1

Company name in full Bayham Production Limited

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

**2** Liquidator's name

Full forename(s) Richard

Surname Gardiner

**3** Liquidator's address

Building name/number 3 Castle Court

Street Carnegie Campus

Post town Dunfermline

County/Region

Postcode K Y 1 1 8 P B

Country

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

Email address

Telephone number 01383 628800

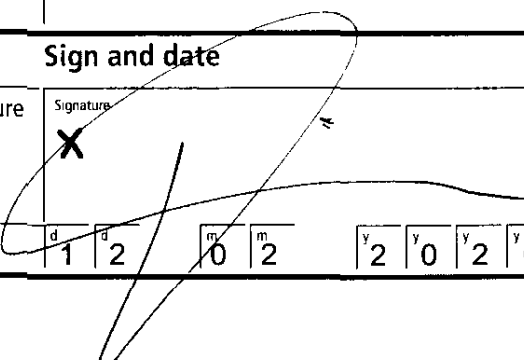
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 9 4 8 8

600

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<b>6</b>	<b>Liquidator's name <sup>①</sup></b>	
Full forename(s)		
Surname		
		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
<b>7</b>	<b>Liquidator's address <sup>②</sup></b>	
Building name/number		
Street		
Post town		
County/Region		
Postcode	[ ][ ][ ][ ][ ][ ][ ][ ]	
Country		
		<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.
<b>8</b>	<b>Liquidator's email address or telephone number <sup>③</sup></b>	
Email address		
Telephone number		
		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
<b>9</b>	<b>Insolvency practitioner number</b>	
Number	[ ][ ][ ][ ][ ][ ][ ][ ]	
<b>10</b>	<b>Statement of appointment</b>	
	I confirm the appointment of the liquidator(s) on	
Date	[d][1][2][m][0][2][y][2][0][y][1][9]	
<b>11</b>	<b>Appointment details</b>	
	The appointment was made by (Tick one)	
	<input checked="" type="checkbox"/> Company	
	<input type="checkbox"/> Creditors	
<b>12</b>	<b>Type of liquidation</b>	
	Tick to confirm the liquidation type	
	<input checked="" type="checkbox"/> Members	
	<input type="checkbox"/> Creditors	
<b>13</b>	<b>Sign and date</b>	
Liquidator's signature	Signature  X	
Signature date	[d][1][2][m][0][2][y][2][0][y][2][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

Company name

Thomson Cooper

Address

3 Castle Court

Carnegie Campus

Post town

Dunfermline

County/Region

Postcode

K Y 1 1 8 P B

Country

DX

Telephone

01383 628800



## 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)