

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 0 6 2 9 3 0 0 8

Company name in full CHARNWOOD WALES HOTEL (1) 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

Telephone number

03300563600

<sup>①</sup> 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

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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)	Helen	
Surname	Whitehouse	
<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	10 St Helen's Road	
Street		
Post town	Swansea	
County/Region		
Postcode	S A 1 4 A W	
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	03300563600	
<b>9 Insolvency practitioner number</b>		
Number	9 6 8 0	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	d 1 0 m 1 1 y 2 0 2 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	d 1 8 m 1 1 y 2 0 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	Simon Thomas Barriball							
Company name	McAlister & Co Insolvency Practitioners Limited							
Address	10 St Helen's Road							
	Swansea							
Post town	SA1 4AW							
County/Region								
Postcode								
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)