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





10/08/2021 **COMPANIES HOUSE**

Company details → Filling in this form 6 Company number Please complete in typescript or in bold black capitals. Company name in full **Xtratel Limited** Liquidator's name Full forename(s) Steven Surname **Edwards** Liquidator's address Building name/number 4 Mount Ephraim Road Street **Tunbridge Wells** Post town Kent County/Region Postcode EE Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 01892 700200 Insolvency practitioner number Number 2 6 0 9 0

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6	Liquidator's name •	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address @	
Building name/number		Other Liquidator's details
Street		 Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		-
County/Region		-
Postcode		
Country		-
8	Liquidator's email address or telephone number €	You must give an email address or
Email address		telephone number. All information on this form will appear on the public record.
Telephone number		
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	1 9 0 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>
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	- <u>-</u>
Liquidator's signature	X X	
Signature date	$\begin{bmatrix} 1 & & & & \\ 1 & & & & \\ 0 & & & & \\ \end{bmatrix} \begin{bmatrix} m & & & \\ 0 & & & \\ \end{bmatrix} \begin{bmatrix} y & & \\ 2 & & \\ \end{bmatrix} \begin{bmatrix} y & & \\ 2 & & \\ \end{bmatrix} \begin{bmatrix} y & & \\ 1 & & \\ \end{bmatrix}$	

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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	Joe Longhurst	
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.

Turther 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