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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details	
Company number	0 7 2 5 5 2 3 8	→ Filling in this form Please complete in typescript or in
Company name in full	Industry Qualifications Limited	bold black capitals.
	t I	
.2	Liquidator's name	
Full forename(s)	Mark Elijah Thomas	
Surname	Bowen	ı
3	Liquidator's address	
Building name/number	ˈ11 Roman Way	1
Street	Berry Hill	
Post town	Droitwich Spa	ı
County/Region	Worcestershire	
Postcode	WR99AJ	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	ſ	telephone number. All information on this form will appear on the
Telephone number	_01905 776771	public record.
5	Insolvency practitioner number	
Number	8 7 1 1	

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

Full forename(s) Surname 7	Liquidator/a addis a Q	Other Liquidator's details Use this section to tell us about another liquidator.
	Liquidata de addis a O	
7	Lieuridete de educe e	• • • • • • • • • • • • • • • • • • •
	Liquidator's address @	
Building name/numb	er i	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		I
Country		
8	Liquidator's email address or telephone number ®	● You must give an email address or
Email address	· - I	telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	d 3 1 0 2 0 2 0	
11	Appointment details	
	The appointment was made by (Tick one)	1
	☐ Company	
	☑ Creditors	1
12	Type of liquidation	<u> </u>
	Tick to confirm the liquidation type ☐ Members	1
	✓ Creditors	
13	Sign and date	·
iquidator's signature		
iquidator s signature	X NS	X
ignature date	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} y_2 & y_0 & y_2 & y_0 \end{bmatrix}$	

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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

Mark Hunt

Company name

MB Insolvency

Address

11 Roman Way

Berry Hill

Post town

Droitwich Spa

County/Regio

Worcestershire

Country

ĐΧ

information@mb-i.co.uk

Telephone

01905 776771

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.

\Box

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 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