In accordance with section 109 of the Insolvency Act 1986

## 600



Companies House

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



COMPANIES HOUSE

1	Company details		
Company number	07481949	Filling in this form Please complete in typescript or in	
Company name in full	THE 3 MUGHALS RESTAURANT KID	bold black capitals.	
2	Liquidator's name	<u> </u>	
Full forename(s)	Simon		
Surname	BARRIBALL	`	
3	Liquidator's address		
Building name/number	10		
Street	ST HELENS ROAD		
ost town	SWANSEA		
ounty/Region			
ostcode	SAITUAN		
ountry			
	Liquidator's email address or telephone number • O You must give an		
mail address	Simon a Madistera ca uk	telephone number. All information on this form will appear on the public record.	
elephone number	0 3300 56360		
3	Insolvency practitioner number		
umber	11950		
·			

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6	Liquidator's name <sup>©</sup>		
Full forename(s)	GARETH	Other Liquidator's details Use this section to tell us about	
Surname	BISHOP	another liquidator.	
7	Liquidator's address ®		
Building name/numb	er 10	Other Liquidator's details	
Street	ST HELENS ROAD	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators	
Post town	SWANSEA.		
County/Region			
Postcode	SAI HAW		
Country			
8	Liquidator's email address or telephone number ©	You must give an email address or	
Email address	Garetha medisterce co uk	telephone number. All information on this form will appear on the	
Telephone number	03300 563600	public record.	
9	Insolvency practitioner number	<del></del>	
Number	17870		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	3 6 5 3 VA		
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		
iquidator's signature	Signature G Bissof	X	
ignature date	1°2°, ["0]2 [x] x C x x 8.		

#### 600

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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 BARRIBALL
Company name  MCALISTER & CC
Address
ST HELENS RUAD
Post town SwANSEA
Cour ty/Region
Postcode 5 A 1 4 A W
Country
DX
Telephone 03360 56360

#### 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 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