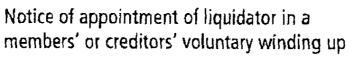
In accordance with section 109 of the Insolvency Act 1986

600





TUESDAY



A8BRRKUO
A13 13/08/2019
COMPANIES HOUSE

#3

	Company details	AAA								
Company number	0 7 4 9 7 4 2 2	→ Filling in this form Please complete in typescript or in bold black capitals.								
Company name in full	D. Currie Consultancy Limited									
		-								
2	Liquidator's name									
Full forename(s)	Matthew									
Sumame	Dunham									
3	Liquidator's address									
Building name/number	2nd Floor									
Street	20 Chapel Street									
Post town	Liverpool									
County/Region	Merseyside									
Postcode	L 3 9 A G									
Country	United Kingdom									
4	Liquidator's email address or telephone number 6	You must give an email address or								
Email address	info@ddadvisory.co.uk	telephone number. All information on this form will appear on the public record.								
Telephone number	0151 236 9999									
5 -	Insolvency practitioner number									
Number	8 3 7 6									

600

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

6	Liquidator's name [©]							
Full forename(s)		Other Liquidator's details						
Sumame		Use this section to tell us about 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 Informa on this form will appear on th							
Telephone number		public record.						
9: 4	Insolvency practitioner number							
Number								
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	°0							
11)	Appointment details							
	The appointment was made by (Nck one) Company Creditors							
12	Type of liquidation							
	Tick to confirm the liquidation type Members Creditors							
13	Sign and date							
Liquidator's signature	X///// X							
Signature date	1/2 10/8 12/0/19							

600

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

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	Peter Ainsworth						
Согарану выгли	Dunham Dean Advisory						
Address	2nd Floor						
20 Chapel Street							
Post town	Liverpool						
County/Region	Merseyside						
Postcode	L 3 9 A G						
Country	United Kingdom						
DX							
Telephone	0151 236 9999						

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

In accordance with section 109 of the Insolvency Act 1986.

600 - continuation page
Notice of appointment of liquidator in a members' or creditors' voluntary winding up

na -									
	Com	pany	deta	ils 				r	
Company number									
Company name in full								1	
2	Liqu	idato	r's na	me					
Full forename(s)				· · · · · · · · · · · · · · · · · · ·					
Sumame			·						
3	Liqu	idato	r's a	ddre	55			· · · · · · · · · · · · · · · · · · ·	
Building name/number									
Street									
	<u></u>					·			
Post town									
County/Region	<u> </u>								
Postcode			_[_			_		1	
Country		<u>''</u> _	<u> </u>						
4	Liqu	idato	r's er	nail	add	ress	or telephone number		
Email address	,								O You must give an email address or
Telephone number									telephone number. All information on this form will appear on the public record.
5	inso	lvenc	y pra	ctiti	one	עת ז	mber	·	
Insolvency practitioner								Ţ	
number	' '	,		,	•	'	•	J	
								1	
								1	
								}	
								1	
								Ī	
								į	
								ł	
								[
								1	
								Í	
								<u> </u>	