

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 7 6 9 9 5 3 5

Company name in full James Tomlinson Dental Implants Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) William Thomson Mercer

Surname Cleghorn

### 3 Liquidator's address

Building name/number 21 York Place

Street

Post town Edinburgh

County/Region

Postcode E H 1 3 E N

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address insolvency@aver-ca.com

Telephone number 0330 555 6155

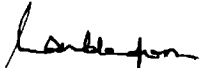
<sup>①</sup> You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 5 1 4 8

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)	Emma Sarah Louise	
Surname	Porter	
<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	21 York Place	
Street		
Post town	Edinburgh	
County/Region		
Postcode	E H 1 3 E N	
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	insolvency@aver-ca.com	
Telephone number	0330 555 6155	
<b>9 Insolvency practitioner number</b>		
Number	9 6 3 3	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	<sup>d</sup> 1 <sup>d</sup> 9 <sup>m</sup> 0 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 4	
<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	<sup>d</sup> 2 <sup>d</sup> 2 <sup>m</sup> 0 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 4	

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

Company name

Aver Chartered Accountants

Address

PO Box 24213

Post town

Edinburgh

County/Region

Postcode

E H 1 9 A T

Country

United Kingdom

DX

Telephone

0330 555 6155



**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)

## 600 - continuation page

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

### 1 Company details

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

### 2 Liquidator's name

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

### 3 Liquidator's address

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

### 4 Liquidator's email address or telephone number <sup>❶</sup>

Email address	<input type="text"/>	<sup>❶</sup> You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

### 5 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>	
	<input type="text"/>	