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	Comp	any d	etai	ls							
Company number	0 7	8	8	5	9	6	3		→ Filling in this form Please complete in typescript or in		
Company name in full								bold black capitals.			
<u> </u>	1:	- # - u'									
2	Liquidator's name Christine										
Full forename(s)											
Surname	Francis										
3	Liquid	ator'	s add	dres	S						
Building name/number	55 B	aker	Stre	et							
Street	Lond	on									
Post town											
County/Region											
Postcode	W 1 U 7 E U										
Country											
4	telephone number. All informa							• You must give an email address or			
Email address							telephone number. All information on this form will appear on the				
Telephone number	01512 374 500							public record.			
5	Insolv				onei	nui	mber				
Number	1 3	5	9	6							
		'					'				

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6	Liquidator's name ⁰							
Full forename(s)	William Matthew	Other Liquidator's details Use this section to tell us about another liquidator.						
Surname	Tait							
7	Liquidator's address @							
Building name/number	55 Baker Street	Other Liquidator's details Use this section to tell us about						
Street	London	another liquidator. Use the continuation page to tell us about						
		more than two liquidators.						
Post town		_						
County/Region								
Postcode	W 1 U 7 E U							
Country								
8	Liquidator's email address or telephone number [©]	■ You must give an email address or						
Email address	BRNOTICE@bdo.co.uk 01512 374 500 telephone number. All information on this form will appear on the public record.							
Telephone number								
9	Insolvency practitioner number							
Number	9 5 6 4							
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	d0 d6 70 9 y2 y0 y2 y1							
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	-						
Liquidator's signature	Signature							
	* Efrancis.	×						
Signature date	$\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $							

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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	Christine Francis					
Company name	BDO LLP					
Address	5 Temple Square					
	Temple Street					
Post town	Liverpool					
County/Region						
Postcode	L 2 5 R H					
Country						
DX						
Telephone	01512 374 500					

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