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



Companies House

THURSDAY



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20/08/2020

#268

COMPANIES HOUSE

1 Company details

Company number 0 8 3 8 1 8 3 8

Company name in full Esafeguarding Ltd

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Stewart

Surname MacDonald

3 Liquidator's address

Building name/number Manchester Ship Canal House

Street

Post town 98 King Street

County/Region Manchester

Postcode M 2 4 W U

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 0141 567 4500


① 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 8 9 0 6

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6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
	Full forename(s)		
	Surname		
7	Liquidator's address^②		② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
	Building name/number		
	Street		
	Post town		
	County/Region		
	Postcode		
	Country		
8	Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
	Email address		
	Telephone number		
9	Insolvency practitioner number		
	Number		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
	Date	<div> <div>d</div> <div>3</div> <div>d</div> <div>0</div> <div>m</div> <div>0</div> <div>m</div> <div>7</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div>	
11	Appointment details		
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors		
13	Sign and date		
	Liquidator's signature	Signature <div> <div>X</div> <div>  </div> <div>X</div> </div>	
	Signature date	<div> <div>d</div> <div>3</div> <div>d</div> <div>0</div> <div>m</div> <div>0</div> <div>m</div> <div>7</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div>	

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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	Derek Ross
Company name	Scott-Moncrieff Chartered Accountants
Address	25 Bothwell Street Glasgow
Post town	G2 6NL
County/Region	
Postcode	D X G W 2 0 9
Country	
DX	
Telephone	0141 567 4500

**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