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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)

<b>1</b>	<b>Company details</b>	
Company number	0 8 4 3 0 5 2 5	<b>→ Filling in this form</b> Please complete in typescript or in bold black capitals.
Company name in full	SFAM Limited	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	Dominik	
Surname	Thiel-Czerwinke	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	The Old Exchange	
Street	234 Southchurch Road	
Post town	Southend on Sea	
County/Region		
Postcode	S S 1 2 E G	
Country		
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	
Email address	Dominik.Czerwinke@btguk.com	<b>①</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	01702 467255	
<b>5</b>	<b>Insolvency practitioner number</b>	
Number	0 0 9 6 3 6	

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

## 6 Liquidator's name <sup>①</sup>

Full forename(s)

Surname

### ① Other Liquidator's details

Use this section to tell us about another liquidator.

## 7 Liquidator's address <sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

### 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.

## 8 Liquidator's email address or telephone number <sup>③</sup>

Email address

Telephone number

③ You must give an email address or telephone number. All information on this form will appear on the public record.

## 9 Insolvency practitioner number

Number

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

<sup>d</sup> 2 <sup>d</sup> 8 <sup>m</sup> 0 <sup>m</sup> 7 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 2

## 11 Appointment details

The appointment was made by  
(Tick one)

☒ Members  
☐ Creditors

Court Order

## 12 Type of liquidation

Tick to confirm the liquidation type

☐ Members  
☒ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

<sup>d</sup> 1 <sup>d</sup> 3 <sup>m</sup> 0 <sup>m</sup> 9 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 2

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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 **Carol Wilson**

Company name **Begbies Traynor (Central) LLP**

Address **The Old Exchange**

**234 Southchurch Road**

Post town **Southend on Sea**

County/Region

Postcode **S S 1 2 E G**

Country

DX

Telephone **01702 467255**



## 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)