

600

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



Companies House

MONDAY



A9FZMJJ6

A07

19/10/2020

#309

COMPANIES HOUSE

1 Company details

Company number 0 8 6 7 4 6 0 9

Company name in full Portman Supermarkets Limited

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

2 Liquidator's name

Full forename(s) Asher

Surname Miller

3 Liquidator's address

Building name/number Pearl Assurance House

Street 319 Ballards Lane

Post town London

County/Region

Postcode N 1 2 8 L Y

Country

4 Liquidator's email address or telephone number ①

Email address 57368

Telephone number 020 8343 5900

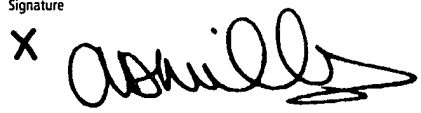
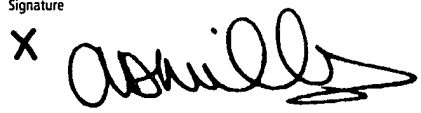
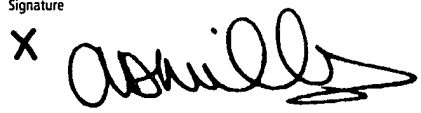
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 2 5 1

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6	Liquidator's name^①												
Full forename(s)		① Other Liquidator's details Use this section to tell us about another liquidator.											
Surname													
7	Liquidator's address^②												
Building name/number		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.											
Street													
Post town													
County/Region													
Postcode													
Country													
8	Liquidator's email address or telephone number^③												
Email address		③ You must give an email address or telephone number. All information on this form will appear on the public record.											
Telephone number													
9	Insolvency practitioner number												
Number													
10	Statement of appointment												
I confirm the appointment of the liquidator(s) on													
Date	<table border="1"><tr><td>d</td><td>0</td><td>2</td><td>m</td><td>1</td><td>0</td><td>y</td><td>2</td><td>0</td><td>2</td><td>0</td></tr></table>	d	0	2	m	1	0	y	2	0	2	0	
d	0	2	m	1	0	y	2	0	2	0			
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	<table border="1"><tr><td>Signature</td><td></td><td></td></tr></table>	Signature											
Signature													
Signature date	<table border="1"><tr><td>d</td><td>0</td><td>2</td><td>m</td><td>1</td><td>0</td><td>y</td><td>2</td><td>0</td><td>2</td><td>0</td></tr></table>	d	0	2	m	1	0	y	2	0	2	0	
d	0	2	m	1	0	y	2	0	2	0			

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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	Robert Cowie
Company name	David Rubin & Partners
Address	Pearl Assurance House 319 Ballards Lane
Post town	London
County/Region	
Postcode	N 1 2 8 L Y
Country	
DX	Finchley 1
Telephone	020 8343 5900



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