In accordance with section 109 of the Insolvency Act 1986

600



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

SATURDAY



A12

27/04/2019 COMPANIES HOUSE

#203

1	Con	np	any	/ C	leta	ils						-									
Company number	0		8	6	7	7	-	4	3	8								in this		accrint	or in
Company name in full	CDCCK Limited														Please complete in typescript or in bold black capitals.						
													_								
2	Liqu	ıic	lato	r	s na	me							•								
Full forename(s)	And	dre	ew																		
Surname	Hawksworth																				
3	Liqu	ıic	lato	rʻ	s ad	dre	SS														
Building name/number	The	e (Cloc	kto	wer																
Street	Clocktower Square							_													
	St (Ge	org	e's	Str	eet															
Post town	Canterbury																				
County/Region	Kent																				
Postcode	C T 1 2 L E																				
Country	United Kingdom																				
4	Liqu	ıic	lato	r	s en	nail	ad	dr	ess	or te	phone	e nun	nber [©])			0 You m	ust give	an ema	ail addre	ess or
Email address	creditors@augustakent.co.uk						telephone number. All information on this form will appear on the														
Telephone number	01227 649000 public record.																				
5	ins	ol	/en	су	pra	ctit	ion	er	nu	mber									-		
Number	9		5	8	2																

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6	Liquidator's name ⁰						
Full forename(s)		Other Liquidator's details Use this section to tell us about					
Surname		another liquidator.					
7	Liquidator's address [©]						
Building name/number		Other Liquidator's details					
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.					
Post town							
County/Region							
Postcode							
Country							
8	Liquidator's email address or telephone number 🏻	You must give an email address or					
Email address		telephone number. All information on this form will appear on the					
Telephone number		public record.					
9	Insolvency practitioner number						
Number							
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	$\begin{bmatrix} d_2 & d_6 & & \begin{bmatrix} m_0 & \bar{d}_4 & & \end{bmatrix} \end{bmatrix} \begin{bmatrix} v_2 & v_0 & v_1 & v_9 \end{bmatrix}$						
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	X AHOLOOA	×					
Signature date	12 16 10 14 12 10 14						

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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	Andrew Hawksworth				
Company name	Augusta Kent Limited				
Address	The Clocktower				
Clockto	wer Square				
St George's Street					
Post town	Canterbury				
County/Region	Kent				
Postcode	C T 1 2 L E				
Country					
DX					
Telephone					

✓ 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