

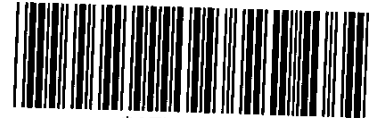
600

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



Companies House

THURSDAY



A15 \*A7XS07ZF\* 24/01/2019 #70  
COMPANIES HOUSE

<b>1</b>	<b>Company details</b>	
Company number	0 8 9 7 5 4 3 9	<b>→ Filling in this form</b> Please complete in typescript or in bold black capitals.
Company name in full	Tam Beauty (London) Limited	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	David	
Surname	Thorniley	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	Office 9 Spa House	
Street	18 Upper Grosvenor Road	
Post town	Tunbridge Wells	
County/Region	Kent	
Postcode	T N 1 2 E P	
Country		
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	
Email address		<b>① You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Telephone number	01892 525218	
<b>5</b>	<b>Insolvency practitioner number</b>	
Number	8 3 0 7	

600

# 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

2 2 0 1 2 0 1 9

## 11 Appointment details

The appointment was made by  
(Tick one)

- ☒ Company  
☐ Creditors

## 12 Type of liquidation

Tick to confirm the liquidation type

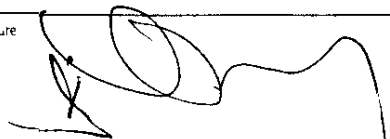
- ☒ Members  
☐ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

2 3 0 1 2 0 1 9

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



## 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

Company name

Traverse Advisory Limited

Address

Office 9 Spa House

18 Upper Grosvenor Road

Post town

Tunbridge Wells

County/Region

Kent

Postcode

T N 1 2 E P

Country

DX

Telephone

01892 525218



## 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)