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



Companies House

THURSDAY



A81P5HP6
A07 21/03/2019 #100
COMPANIES HOUSE

1 Company details

Company number 0 9 4 7 3 8 1 0

Company name in full BEST EMPLOYMENT SERVICES LIMITED

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

2 Liquidator's name

Full forename(s) KEVIN J

Surname HELLARD

3 Liquidator's address

Building name/number 30 FINSBURY SQUARE

Street

Post town LONDON

County/Region

Postcode E C 2 P 2 Y U

Country

4 Liquidator's email address or telephone number ^①

Email address KEVIN.J.HELLARD@UK.GT.COM

Telephone number 0207 383 5100

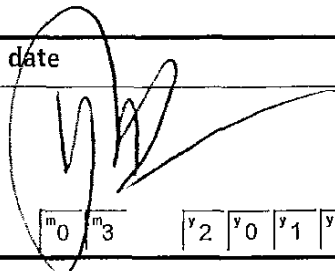
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 8 8 3 3

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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)	IAN		
Surname	RICHARDSON		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.
7	Liquidator's address ^②		
Building name/number	30 FINSBURY SQUARE		
Street			
Post town	LONDON		
County/Region			
Postcode	E C 2 P 2 Y U		
Country			③ You must give an email address or telephone number. All information on this form will appear on the public record.
8	Liquidator's email address or telephone number ^③		
Email address	IAN.RICHARDSON@UK.GT.COM		
Telephone number	0207 383 5100		
9	Insolvency practitioner number		
Number	9 5 8 0		
10	Statement of appointment		
I confirm the appointment of the liquidator(s) on			
Date	d ₁ d ₂ m ₀ m ₃ y ₂ y ₀ y ₁ y ₉		
11	Appointment details		
The appointment was made by (Tick one)			
<input type="checkbox"/> Company			
<input checked="" type="checkbox"/> Creditors			
12	Type of liquidation		
Tick to confirm the liquidation type			
<input type="checkbox"/> Members			
<input checked="" type="checkbox"/> Creditors			
13	Sign and date		
Liquidator's signature	Signature 		X
Signature date	d ₁ d ₂ m ₀ m ₃ y ₂ y ₀ y ₁ y ₉		

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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 **BECKY AXON**

Company name **GRANT THORNTON UK LLP**

Address **4 HARDMAN SQUARE**

SPINNINGFIELDS

Post town **MANCHESTER**

County/Region

Postcode **M 3 3 E B**

Country

DX

Telephone **0161 953 6900**

**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