

600

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

1 Company details	
Company number	0 9 5 0 2 6 0 8
Company name in full	Importedletters Limited
→ Filling in this form Please complete in typescript or in bold black capitals.	
2 Liquidator's name	
Full forename(s)	Matthew
Surname	Fox
3 Liquidator's address	
Building name/number	Beacon, 93
Street	Monks Way
Post town	Southampton
County/Region	Hampshire
Postcode	S O 1 8 2 L R
Country	
4 Liquidator's email address or telephone number ^①	
Email address	
Telephone number	02380 651441
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 3 2 5

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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		

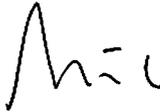
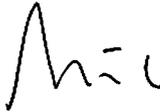
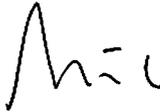
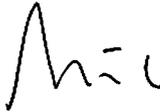
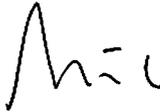
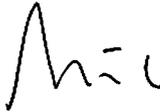
8	Liquidator's email address or telephone number ^③	
Email address		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number		

9	Insolvency practitioner number	
Number		

10	Statement of appointment									
I confirm the appointment of the liquidator(s) on										
Date	<table border="1"><tr><td>1</td><td>2</td><td>0</td><td>7</td><td>2</td><td>0</td><td>2</td><td>1</td></tr></table>	1	2	0	7	2	0	2	1	
1	2	0	7	2	0	2	1			

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><table border="1"><tr><td>X</td><td></td><td>X</td></tr></table></td></tr></table>	Signature	<table border="1"><tr><td>X</td><td></td><td>X</td></tr></table>	X		X				
Signature	<table border="1"><tr><td>X</td><td></td><td>X</td></tr></table>	X		X						
X		X								
Signature date	<table border="1"><tr><td>1</td><td>2</td><td>0</td><td>7</td><td>2</td><td>0</td><td>2</td><td>1</td></tr></table>	1	2	0	7	2	0	2	1	
1	2	0	7	2	0	2	1			

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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 **Matthew Fox**

Company name **Beacon**

Address **93 Monks Way**

Post town **Southampton**

County/Region **Hampshire**

Postcode

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Country

DX

Telephone **02380 651441**

 **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

600 - continuation page

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1	Company details	
Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

2	Liquidator's name	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

3	Liquidator's address	
Building name/number	<input type="text"/>	
Street	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

4	Liquidator's email address or telephone number	1
Email address	<input type="text"/>	1 You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

5	Insolvency practitioner number	
Insolvency practitioner number	<input type="text"/>	