In accordance with section 109 of the Insolvency Act 1986

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

		For further information, please refer to our guidance at www.gov.uk/companieshouse	
1	Company details		
Company number	1 0 7 1 0 3 1 1	→ Filling in this form	
Company name in full	Utility Smart Metering Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	Philip		
Surname	Booth		
3	Liquidator's address		
Building name/number	Coopers House		
Street	Intake Lane	 	
Post town	Ossett		
County/Region		_	
Postcode	WF50RG		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address of	
Email address		telephone number. All information on this form will appear on the	
Telephone number	01924 263777	public record.	
5	Insolvency practitioner number		
Number	9 4 7 0		

# 600

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6	Liquidator's name <sup>10</sup>	
Full forename(s)		Other Liquidator's details
Surname		Use this section to tell us about 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 9	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	<u> </u>
Number		
10	Statement of appointment	<del></del>
	I confirm the appointment of the liquidator(s) on	
Date	1         1         0         1         0         1         0	<u> </u>
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	
Signature date	$\begin{bmatrix} d & & & & \\ 2 & 4 & & & \\ \end{bmatrix} \begin{bmatrix} m & & & \\ 0 & & & \\ \end{bmatrix} \begin{bmatrix} y & & y \\ 2 & & & \\ \end{bmatrix} \begin{bmatrix} y & & & \\ 2 & & & \\ \end{bmatrix} \begin{bmatrix} y & & & \\ 3 & & & \\ \end{bmatrix}$	 

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Pres	enter information
you do it v on the forr	t have to give any contact information, but if will help Companies House if there is a query m. The contact information you give will be searchers of the public record.
Contact name	Alistair Barnes
Company name	Booth & Co
Address	Coopers House
	Intake Lane
Post town	Ossett
County/Region	
Postcode	W F 5 0 R G
Country	<u> </u>
DX	
Telephone	01924 263777
✓ Chec	klist
	eturn forms completed incorrectly or rmation missing.
Please m	nake sure you have remembered the g:
	ompany name and number match the nation held on the public Register.
□ You h	ave 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.

# **Turther 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