

# 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](http://www.gov.uk/companieshouse)

|                      |                                                                    |                                                                                                                                      |
|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>             | <b>Company details</b>                                             |                                                                                                                                      |
| Company number       | 1 0 8 0 5 6 5 2                                                    | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals.                                         |
| Company name in full | Selligence Technology Ltd                                          |                                                                                                                                      |
| <b>2</b>             | <b>Liquidator's name</b>                                           |                                                                                                                                      |
| Full forename(s)     | Susan                                                              |                                                                                                                                      |
| Surname              | Clay                                                               |                                                                                                                                      |
| <b>3</b>             | <b>Liquidator's address</b>                                        |                                                                                                                                      |
| Building name/number | Ground Floor                                                       |                                                                                                                                      |
| Street               | 16 Columbus Walk                                                   |                                                                                                                                      |
| Post town            | Brigantine Place                                                   |                                                                                                                                      |
| County/Region        | Cardiff                                                            |                                                                                                                                      |
| Postcode             | C F 1 0 4 B Y                                                      |                                                                                                                                      |
| Country              |                                                                    |                                                                                                                                      |
| <b>4</b>             | <b>Liquidator's email address or telephone number <sup>①</sup></b> | <b>①</b> You must give an email address or<br>telephone number. All information<br>on this form will appear on the<br>public record. |
| Email address        | susan.clay@btguk.com                                               |                                                                                                                                      |
| Telephone number     | 029 2089 4270                                                      |                                                                                                                                      |
| <b>5</b>             | <b>Insolvency practitioner number</b>                              |                                                                                                                                      |
| Number               | 9 1 9 1                                                            |                                                                                                                                      |

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|                                                                                   |                                      |                                                                                                                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6 Liquidator's name <sup>①</sup></b>                                           |                                      | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Full forename(s)                                                                  | Katrina Jane                         |                                                                                                                                                                    |
| Surname                                                                           | Orum                                 |                                                                                                                                                                    |
| <b>7 Liquidator's address <sup>②</sup></b>                                        |                                      | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number                                                              | Ground Floor                         |                                                                                                                                                                    |
| Street                                                                            | 16 Columbus Walk                     |                                                                                                                                                                    |
| Post town                                                                         | Brigantine Place                     |                                                                                                                                                                    |
| County/Region                                                                     | Cardiff                              |                                                                                                                                                                    |
| Postcode                                                                          | C F 1 0 4 B Y                        |                                                                                                                                                                    |
| Country                                                                           |                                      |                                                                                                                                                                    |
| <b>8 Liquidator's email address or telephone number <sup>③</sup></b>              |                                      | <b>③</b> You must give an email address or telephone number. All information on this form will appear on the public record.                                        |
| Email address                                                                     | Katrina.Orum@btguk.com               |                                                                                                                                                                    |
| Telephone number                                                                  | 029 2089 4270                        |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                                           |                                      |                                                                                                                                                                    |
| Number                                                                            | 1 2 6 3 0                            |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                                |                                      |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                                 |                                      |                                                                                                                                                                    |
| Date                                                                              | d 2 8 m 0 2 y 2 0 y 2 4              |                                                                                                                                                                    |
| <b>11 Appointment details</b>                                                     |                                      |                                                                                                                                                                    |
| The appointment was made by (Tick one)                                            |                                      |                                                                                                                                                                    |
| <input type="checkbox"/> Company<br><input checked="" type="checkbox"/> Creditors |                                      |                                                                                                                                                                    |
| <b>12 Type of liquidation</b>                                                     |                                      |                                                                                                                                                                    |
| Tick to confirm the liquidation type                                              |                                      |                                                                                                                                                                    |
| <input type="checkbox"/> Members<br><input checked="" type="checkbox"/> Creditors |                                      |                                                                                                                                                                    |
| <b>13 Sign and date</b>                                                           |                                      |                                                                                                                                                                    |
| Liquidator's signature                                                            | Signature<br>X <i>Katrina Orum</i> X |                                                                                                                                                                    |
| Signature date                                                                    | d 2 9 m 0 2 y 2 0 y 2 4              |                                                                                                                                                                    |

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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  | Claire Jackson                                     |
| Company name  | Begbies Traynor (Central) LLP                      |
| Address       | Ground Floor, 16 Columbus Walk<br>Brigantine Place |
| Post town     | Cardiff                                            |
| County/Region |                                                    |
| Postcode      | C F 1 0 4 B Y                                      |
| Country       |                                                    |
| DX            |                                                    |
| Telephone     | 029 2089 4270                                      |

## **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)**