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	Con	np	an	y	deta	ils				
Company number	1	Γ	0	-	5	0	0	6	5	→ Filling in this form
Company name in full	BLU	JE	SK	Ϋ́	VIDE	Please complete in typescript or in bold black capitals.				
2	Liqu	ıic	late	01	r's na	me				
Full forename(s)	JOI	VΑ	ΛTΗ	ĮΑ	N		<u> </u>			
Surname	SIN	C	LAI	R						
3	Liquidator's address									
Building name/number	46									
Street	VIV	lΑ	N A	1/	/ENU	Ε				
	HEI	ΝC	100	١	CENT	RAL				
Post town	LON	ND	100	1						
County/Region										
Postcode	N W 4 3 X P									
Country	UK									
4	Liquidator's email address or telephone number You must get to be a second of the se							● You must give an email address or		
Email address										telephone number. All information on this form will appear on the
Telephone number	020 8203 3344 public record.									
5	Inso	١٧	en	cy	/ pra	ctitic	ner	nun	nber	
Number	9	0		6	7		[

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6	Liquidator's name ⁰	
Full forename(s)	N/A	Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ®	
Building name/numbe	Pr N/A	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	N/A	telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
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	×
 Signature date	$\begin{bmatrix} d & 2 & d & 3 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 3 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 & y & 2 & y & 1 \end{bmatrix}$	

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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	JONATHAN SINCLAIR					
Сотрапу пате	SINCLAIR HARRIS					
Address	46 VIVIAN AVENUE					
HENDON CENTRAL						
Post town	LONDON					
County/Region						
Postcode	N W 4 3 X P					
Country	UK					
DX						
Telephone	020 8203 3344					

✓ 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