

600

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



Companies House

MONDAY



\*A810X714\*

A13

11/11/2019

#84

COMPANIES HOUSE

**1** Company details

Company number 1 0 9 7 9 5 8 3

Company name in full Acorn Media Services Limited

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

**2** Liquidator's name

Full forename(s) Hasib

Surname Howlader

**3** Liquidator's address

Building name/number Third Floor

Street 112 Clerkenwell Road

Post town London

County/Region

Postcode E C 1 M 5 S A

Country

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 0207 099 6086

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 2 0 3 5 0

600

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## 6 Liquidator's name <sup>1</sup>

Full forename(s)

Surname

**1 Other Liquidator's details**  
Use this section to tell us about another liquidator.

## 7 Liquidator's address <sup>2</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

**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.

## 8 Liquidator's email address or telephone number <sup>3</sup>

Email address

Telephone number

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

## 9 Insolvency practitioner number

Number

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d

2

8

m

1

m

0

y

2

y

0

y

1

y

9

## 11 Appointment details

The appointment was made by  
(Tick one)

☒ Company

☐ Creditors

The appointment was by Court Order  
dated 28 October 2019

## 12 Type of liquidation

Tick to confirm the liquidation type

☒ Members

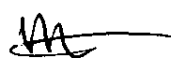
☐ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

c

0

d

5

m

1

m

1

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	Katie Baldwin
Company name	Hudson Weir Limited
Address	Third Floor 112 Clerkenwell Road
Post town	London
County/Region	
Postcode	E C 1 M 5 S A
Country	
DX	
Telephone	0207 099 6086



## 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)