

# 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)

### 1 Company details

Company number 1 0 9 8 7 1 3 1

Company name in full SCCL 3 Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Simon David

Surname Chandler

### 3 Liquidator's address

Building name/number Mazars LLP

Street 30 Old Bailey

Post town London

County/Region

Postcode E C 4 M 7 A U

Country

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

Email address

Telephone number +44 (0)121 232 9500

<sup>①</sup> 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 0 0 8 8 2 2

600

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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)                                                     | Guy Robert Thomas                                                                                                       |                                                                                                                                                                    |
| Surname                                                              | Hollander                                                                                                               |                                                                                                                                                                    |
| <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                                                 | Mazars LLP                                                                                                              |                                                                                                                                                                    |
| Street                                                               | 30 Old Bailey                                                                                                           |                                                                                                                                                                    |
| Post town                                                            | London                                                                                                                  |                                                                                                                                                                    |
| County/Region                                                        |                                                                                                                         |                                                                                                                                                                    |
| Postcode                                                             | E C 4 M 7 A U                                                                                                           |                                                                                                                                                                    |
| 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                                                        |                                                                                                                         |                                                                                                                                                                    |
| Telephone number                                                     | +44 (0)121 232 9500                                                                                                     |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                              |                                                                                                                         |                                                                                                                                                                    |
| Number                                                               | 0 0 9 2 3 3                                                                                                             |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                   |                                                                                                                         |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                    |                                                                                                                         |                                                                                                                                                                    |
| Date                                                                 | <sup>d</sup> 1 <sup>d</sup> 8 <sup>m</sup> 0 <sup>m</sup> 3 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 4 |                                                                                                                                                                    |
| <b>11 Appointment details</b>                                        |                                                                                                                         |                                                                                                                                                                    |
| The appointment was made by (Tick one)                               |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Company                          |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                   |                                                                                                                         |                                                                                                                                                                    |
| <b>12 Type of liquidation</b>                                        |                                                                                                                         |                                                                                                                                                                    |
| Tick to confirm the liquidation type                                 |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Members                          |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                   |                                                                                                                         |                                                                                                                                                                    |
| <b>13 Sign and date</b>                                              |                                                                                                                         |                                                                                                                                                                    |
| Liquidator's signature                                               | Signature<br>X  X                    |                                                                                                                                                                    |
| Signature date                                                       | <sup>d</sup> 2 <sup>d</sup> 8 <sup>m</sup> 0 <sup>m</sup> 3 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 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

Dan Carr

Company name

Mazars LLP

Address

1st Floor

Two Chamberlain Square

Post town

Birmingham

County/Region

Postcode

B

3

3

A

X

Country

DX

Telephone

+44 (0)121 232 9500



## 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)