

# 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 9 8 7 1 3 5                                                    | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals.                                         |
| Company name in full | SCCL4 RO Limited                                                   |                                                                                                                                      |
| <b>2</b>             | <b>Liquidator's name</b>                                           |                                                                                                                                      |
| Full forename(s)     | Simon David                                                        |                                                                                                                                      |
| Surname              | Chandler                                                           |                                                                                                                                      |
| <b>3</b>             | <b>Liquidator's address</b>                                        |                                                                                                                                      |
| Building name/number | c/o Mazars LLP                                                     |                                                                                                                                      |
| Street               |                                                                    |                                                                                                                                      |
| Post town            | Tower Bridge House                                                 |                                                                                                                                      |
| County/Region        | St Katharine's Way                                                 |                                                                                                                                      |
| Postcode             | E 1 W 1 D D                                                        |                                                                                                                                      |
| 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        |                                                                    |                                                                                                                                      |
| Telephone number     | 0121 232 9500                                                      |                                                                                                                                      |
| <b>5</b>             | <b>Insolvency practitioner number</b>                              |                                                                                                                                      |
| Number               | 0 0 8 8 2 2                                                        |                                                                                                                                      |

600

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

|                        |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6</b>               | <b>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</b>               | <b>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   | c/o Mazars LLP                                                                                                                                                                                                               |  |                                                                                                                                                                    |
| Street                 |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
| Post town              | Tower Bridge House                                                                                                                                                                                                           |  |                                                                                                                                                                    |
| County/Region          | St Katharine's Way                                                                                                                                                                                                           |  |                                                                                                                                                                    |
| Postcode               | E 1 W 1 D D                                                                                                                                                                                                                  |  |                                                                                                                                                                    |
| Country                |                                                                                                                                                                                                                              |  |                                                                                                                                                                    |
| <b>8</b>               | <b>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       | 0121 232 9500                                                                                                                                                                                                                |  |                                                                                                                                                                    |
| <b>9</b>               | <b>Insolvency practitioner number</b>                                                                                                                                                                                        |  |                                                                                                                                                                    |
| Number                 | 0 0 9 2 3 3                                                                                                                                                                                                                  |  |                                                                                                                                                                    |
| <b>10</b>              | <b>Statement of appointment</b>                                                                                                                                                                                              |  |                                                                                                                                                                    |
|                        | I confirm the appointment of the liquidator(s) on                                                                                                                                                                            |  |                                                                                                                                                                    |
| Date                   | <div> <div>d</div> <div>2</div> <div>d</div> <div>0</div> <div>m</div> <div>1</div> <div>m</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div> |  |                                                                                                                                                                    |
| <b>11</b>              | <b>Appointment details</b>                                                                                                                                                                                                   |  |                                                                                                                                                                    |
|                        | The appointment was made by<br>(Tick one)<br><input checked="" type="checkbox"/> Company<br><input type="checkbox"/> Creditors                                                                                               |  |                                                                                                                                                                    |
| <b>12</b>              | <b>Type of liquidation</b>                                                                                                                                                                                                   |  |                                                                                                                                                                    |
|                        | Tick to confirm the liquidation type<br><input checked="" type="checkbox"/> Members<br><input type="checkbox"/> Creditors                                                                                                    |  |                                                                                                                                                                    |
| <b>13</b>              | <b>Sign and date</b>                                                                                                                                                                                                         |  |                                                                                                                                                                    |
| Liquidator's signature | Signature<br>                                                                                                                             |  |                                                                                                                                                                    |
| Signature date         | <div> <div>d</div> <div>2</div> <div>d</div> <div>3</div> <div>m</div> <div>1</div> <div>m</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> </div> |  |                                                                                                                                                                    |

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



## 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  | Simon David Chandler |  |  |  |  |  |  |  |
| Company name  | Mazars LLP           |  |  |  |  |  |  |  |
| Address       | 45 Church Street     |  |  |  |  |  |  |  |
|               | Birmingham           |  |  |  |  |  |  |  |
| Post town     | B3 2RT               |  |  |  |  |  |  |  |
| County/Region |                      |  |  |  |  |  |  |  |
| Postcode      |                      |  |  |  |  |  |  |  |
| Country       |                      |  |  |  |  |  |  |  |
| DX            |                      |  |  |  |  |  |  |  |
| Telephone     | 0121 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)