

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 1 5 7 1 9 7 8

Company name in full Igloo Projects Limited

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

**2** Liquidator's name

Full forename(s) Colin

Surname Nicholls

**3** Liquidator's address

Building name/number 1

Street Castle Street

Post town Worcester

County/Region

Postcode W R 1 3 A A

Country

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

Email address

Telephone number 01905 888737

<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 9 0 5 2

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	3	m	0	4	y	2	0	2	4
---	---	---	---	---	---	---	---	---	---	---

## 11 Appointment details

The appointment was made by  
(Tick one)

- ☐ Company  
☒ Creditors

## 12 Type of liquidation

Tick to confirm the liquidation type

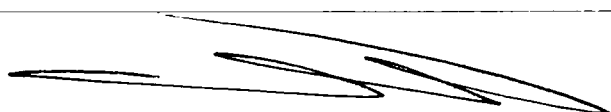
- ☐ Members  
☒ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

d	2	5	m	0	4	y	2	0	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	Rachel Ballinger				
Company name	Smart Insolvency Solutions Ltd				
Address	1				
	Castle Street				
Post town	Worcester				
County/Region					
Postcode	W	R	1	3	A A
Country					
DX					
Telephone	01905 888737				



## 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)