

600

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



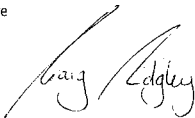
Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1	Company details	
Company number	1 2 1 9 1 4 1 9	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	AL MADINA LEICESTER LIMITED	
2	Liquidator's name	
Full forename(s)	Craig Andrew	
Surname	Ridgley	
3	Liquidator's address	
Building name/number	67 Grosvenor Street	
Street	Mayfair	
Post town	London	
County/Region		
Postcode	W 1 K 3 J N	
Country		
4	Liquidator's email address or telephone number ^①	① You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	0207 769 6831	
5	Insolvency practitioner number	
Number	2 3 2 3 2	

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)			
Surname			
7	Liquidator's address ^②		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.
Building name/number			
Street			
Post town			
County/Region			
Postcode			
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address			
Telephone number			
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 2 d 7 m 0 m 1 y 2 y 0 y 2 y 2		
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 d 7 m 0 m 1 y 2 y 0 y 2 y 2		

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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	Kamila Brisch				
Company name	Voscap Limited				
Address	67 Grosvenor Street				
	Mayfair				
Post town	London				
County/Region					
Postcode	W	1	K		3 J N
Country					
DX					
Telephone	0207 769 6831				



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