In accordance with section 109 of the Insolvency Act 1986

600



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

SATURDAY



A13 30/10/2021 COMPANIES HOUSE

#41

1	Con	np	any	detai	ls						
Company number	1	2	2	9	2	3	6	4	→ Filling in this form Please complete in typescript or in		
Company name in full	Wakefield Pizza & Kebab Limited bold black capitals.										
2	Liqu	Jid	ator	's na	me						
Full forename(s)	Simon										
Surname	Weir										
3	Liqu	piu	ator	's ad	dres	s					
Building name/number	Ashfield House										
Street	Illir	ng	wort	h Str	eet						
Post town	Ossett										
County/Region	West Yorkshire										
Postcode	W	F	5 5		8	A	L				
Country								URLEANE ALLE MINISTERS AND A STATE OF THE ST			
4	Liqu	biu	ator	's em	ail a	addr	ess	or telephone number <sup>0</sup>	• You must give an email address or		
Email address	INFO @ DSINSOL. COM								telephone number. All information on this form will appear on the		
Telephone number					C	276	12	4 790880	public record.		
5	Insolvency practitioner number										
Number	9	0	9	9							
•											

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Full forename(s)  Surname  7		Other Liquidator's details Use this section to tell us about
		—   O3¢ (11) 3¢((10)1 to ten 03 about
7 L		another liquidator.
	Liquidator's address <sup>©</sup>	
Building name/number		Other Liquidator's details
Street		<ul> <li>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.</li> </ul>
Post town		-
County/Region		-
Postcode		
Country		-
8 L	iquidator's email address or telephone number ®	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 5 1 0 2 0 2 1	
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	
	Signature X	
Signature date	$ \frac{\sqrt{2} \cdot \sqrt{6}}{10000000000000000000000000000000000$	

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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	
Company name	DS Insolvency Limited
Address	Ashfield House
	Illingworth Street
Post town	Ossett
Post town  County/Region	Ossett West Yorkshire
County/Region	West Yorkshire
County/Region Postcode	West Yorkshire

#### 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.

## 7 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