In accordance with section 109 of the Insolvency Act 1986

# 600



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

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

1	Company details	
Company number	0 0 0 9 5 5 8 7	→ Filling in this form  Please complete in typescript or in
Company name in full	Jewish Chronicle Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Stephen	
Surname	Katz	
3	Liquidator's address	
Building name/number	Pearl Assurance House	
Street	319 Ballards Lane	
Post town	London	
County/Region		
Postcode	N 1 2 8 L Y	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address of
Email address		telephone number. All informatio on this form will appear on the
Telephone number	020 8343 5900	public record.
5	Insolvency practitioner number	
Number	8 6 8 1	

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

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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	Massimo Zazzi	
Company name	David Rubin & Partners	
Address	Pearl Assurance House	
	319 Ballards Lane	
Post town	London	
County/Region		
Postcode	N 1 2 8 L Y	
Country		
DX	Finchley 1	
Telephone	020 8343 5900	

#### 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.

#### **T** 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