In accordance with section 109 of the Insolvency Act 1986

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

MONDAY



A7KYU8ØX A26 17/12/2018 COMPANIES HOUSE

#157

1	Company details	
Company number	0 0 7 3 5 2 8 3	→ Filling in this form Please complete in typescript or in
Company name in full	A.& A.FARMERS LIMITED	bold black capitals.
2	Liquidator's name	
Full forename(s)	Simon Thomas	
Surname	Barriball	
3	Liquidator's address	
Building name/number	10 St Helen's Road	
Street		
Post town	Swansea	
County/Region		
Postcode	SA1AW	
Country		
Liquidator's email address or telephone number • O Your		• You must give an email address o
Email address	simon@mcalisterco.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	03300563600	
5	Insolvency practitioner number	
Number	1 1 9 5 0	

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6	Liquidator's name [©]	
Full forename(s)	Helen	Other Liquidator's details Use this section to tell us about
Surname	Whitehouse	another liquidator.
7	Liquidator's address [©]	
Building name/number	10 St Helen's Road	Other Liquidator's details
Street		Use this section to tell us about another liquidator, Use the
		continuation page to tell us about more than two liquidators.
Post town	Swansea	
County/Region		
Postcode	S A 1 4 A W	
Country		
8	Liquidator's email address or telephone number 🛭	You must give an email address or
Email address	Helen@mcalisterco.co.uk	telephone number. All information on this form will appear on the
Telephone number	03300563600	public record.
9	Insolvency practitioner number	
Number	9 6 8 0	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	1 1 1 2 2 0 1 8	
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 S	X
Signature date	$\begin{bmatrix} d \\ 1 \end{bmatrix} \begin{bmatrix} d \\ 4 \end{bmatrix} \begin{bmatrix} m \\ 2 \end{bmatrix} \begin{bmatrix} m \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 8 \end{bmatrix}$	

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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	Simon Thomas Barriball	
Company name	McAlister & Co Insolvency	
	Practitioners Limited	
Address	10 St Helen's Road	
	Swansea	
Post town	SA1 4AW	
County/Region		
Postcode		
Country		
DX		
Telephone	03300563600	

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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