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



Companies House

WEDNESDAY



A7ZPLKK1

A17

20/02/2019

#19

COMPANIES HOUSE

1 Company details

Company number 0 3 2 1 2 6 7 5

Company name in full ATS Adhesives Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Nicholas W

Surname Nicholson

3 Liquidator's address

Building name/number Haslers

Street Old Station Road

Post town Loughton

County/Region Essex

Postcode I G 1 0 4 P L

Country

4 Liquidator's email address or telephone number ^①

Email address Nick.Nicholson@Haslers.com

Telephone number 020 8418 3333


① 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 6 2 4

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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)	Dominic		
Surname	Dumville		
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	Haslers		
Street	Old Station Road		
Post town	Loughton		
County/Region	Essex		
Postcode	I G 1 0 4 P L		
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	Dominic.Dumville@Haslers.com		
Telephone number	020 8418 3333		
9	Insolvency practitioner number		
Number	1 7 8 9 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	1 1 0 2 2 0 1 9		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature 		X
Signature date	1 5 0 2 2 0 1 9		

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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	Michelle Dean
Company name	Haslers
Address	Old Station Road
	Loughton
Post town	Essex
County/Region	
Postcode	I G 1 0 4 P L
Country	
DX	
Telephone	020 8418 3333



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