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



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

1	Company details		
Company number	0 3 6 7 8 3 8 4	→ Filling in this form	
Company name in full	Faren Chemical Industries (UK) Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name	1	
Full forename(s)	George		
Surname	Michael		
3	Liquidator's address		
Building name/number	601 High Road Leytonstone		
Street			
Post town			
County/Region	London		
Postcode	E 1 1 4 P A		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address or	
mail address		telephone number. All informatio	
Telephone number	020 8556 2888	public record.	
5	Insolvency practitioner number		
Number	9 2 3 0		

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6	Liquidator's name •	
Full forename(s)	Harjinder	Other Liquidator's details
Surname	Johal	Use this section to tell us about another liquidator.
7	Liquidator's address o	
Building name/number	601 High Road Leytonstone	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		
County/Region	London	
Postcode	E 1 1 4 P A	
Country		
8	Liquidator's email address or telephone number ®	S V
Email address	[<u>-</u>	● You must give an email address of telephone number. All information
elephone number	020 8556 2888	on this form will appear on the public record.
9	Insolvency practitioner number	
lumber	9 1 7 5	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	0 3 0 5 2 2 2	
1	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	
iquidator's signature	X On	X
ignature date	d d	

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Pres	enter information
you do it v on the for	t have to give any contact information, but if will help Companies House if there is a query m. The contact information you give will be learchers of the public record.
Contact name	
Company name	Ashcrofts
Address	601 High Road Leytonstone
Post town	
County/Region	London
Postcode	E 1 1 4 P A
Country	
DX	
Telephone	020 8556 2888
√ Chec	klist
	eturn forms completed incorrectly or mation missing.
Please ma	ake sure you have remembered the

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