

600

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




Companies House

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

1		Company details
Company number	0 4 5 5 1 5 7 3	
Company name in full	Steve Halligan Limited	
		→ Filling in this form Please complete in typescript or in bold black capitals.
2		Liquidator's name
Full forename(s)	John William	
Surname	Butler	
3		Liquidator's address
Building name/number	Suite 8b	
Street	Normanby Gateway	
	Lysaghts Way	
Post town	Scunthorpe	
County/Region		
Postcode	D N 1 5 9 Y G	
Country	United Kingdom	
4		Liquidator's email address or telephone number ^①
Email address		
Telephone number	01724 230060	
		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 5 9 1	

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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)	Andrew James		
Surname	Nichols		
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	Suite 8b,		
Street	Normanby Gateway		
	Lysaghts Way		
Post town	Scunthorpe		
County/Region			
Postcode	D N 1 5 9 Y G		
Country	United Kingdom		
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			
Telephone number	01724 230060		
9	Insolvency practitioner number		
Number	8 3 6 7		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 2 m 0 m 2 y 2 y 0 y 2 y 1		
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  X		
Signature date	d 2 d 3 m 0 m 2 y 2 y 0 y 2 y 1		

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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

Address

Post town

County/Region

Postcode

Country

DX

Telephone



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

600 - continuation page
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1 **Company details**

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

2 **Liquidator's name**

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

3 **Liquidator's address**

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

4 **Liquidator's email address or telephone number** **1**

Email address	<input type="text"/>	1 You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

5 **Insolvency practitioner number**

Insolvency practitioner number	<input type="text"/>	
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