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

09/09/2020 **COMPANIES HOUSE Company details** → Filling in this form Company number 5 6 5 Please complete in typescript or in Company name in full **IMPACT PROMS. LIMITED** bold black capitals. Liquidator's name Full forename(s) **GARETH** Surname **STONES** Liquidator's address Building name/number Street **WALTER ROAD** Post town **SWANSEA** County/Region Postcode Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** info@stonesandco.co.uk on this form will appear on the public record. Telephone number 01792 654607 5 Insolvency practitioner number Number

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6	Liquidator's name ⁰	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address 2	,
Building name/number		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		
Postcode		
Country		•
8	Liquidator's email address or telephone number [©]	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	·	public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} d & d $	
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	X X	
Signature date	$\begin{bmatrix} d & 0 \end{bmatrix} \begin{bmatrix} d & 4 \end{bmatrix} \begin{bmatrix} m & 0 \end{bmatrix} \begin{bmatrix} m & 9 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix}$	
Signature date		

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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	LYNNE ORWIN
Company name	STONES & CO
Address	63 WALTER ROAD
Post town	SWANSEA
County/Region	
Postcode	S A 1 4 P T
Country	UK
DX	
Telephone	01792 654607

✓ 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