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

1 Company number	Company details 0 7 9 2 6 7 5 0	*A82MGB54* 03/04/2019 #134 , COMPANIES HOUSE									
Company name in full	Unico Recruitment Limited	Please complete in typescript or in bold black capitals.									
2	Liquidator's name										
ull forename(s)	Melissa Lorraine										
Surname	Jackson										
3	Liquidator's address										
Building name/number	Kennway Francis, Saxon House										
treet	27 Duke Street										
Post town	Chelmsford										
County/Region	Essex										
Postcode	C M 1 1 H T										
Country											
4	Liquidator's email address or telephone number •	• You must give an email address or									
Email address	melissa.jackson@kennwayfrancis.co.uk	telephone number. All information on this form will appear on the									
elephone number	01245 943820	public record.									
5	Insolvency practitioner number										
Number	9 7 4 7										

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

6	Liquidator's name ●							
Full forename(s)		Other Liquidator's details Use this section to tell us about						
Gurname		another liquidator.						
7	Liquidator's address 🛮							
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	d2 d9							
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 Mh Jacks	×						
Signature date	d 0 d 1							

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

Pre	senter 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	Michala Curran						
Company nam	Kennway Francis						
Address	Saxon House						
27 Duk	Street						
Post town	Chelmsford						
County/Region	Essex						
Postcode	C M 1 1 H T						
Country	UK						
DX							
Telephone	01245 943820						
√ Che	ecklist						
	return forms completed incorrectly or ormation missing.						
followi	company name and number match the						
Into	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

In accordance with section 109 of the Insolvency Act 1986.

600 - Continuation page

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

1	Cor	mpa	nv (leta	ils	_			
Company number					- 	_			
Company name in full		<u> </u>		<u> </u>	ļ		<u> </u>		
2	Liq	uida	ator'	's na	me	<u>"</u>			
Full forename(s)									
Surname									
3	Liq	uida	ator	's ac	ldres	S			
Building name/number									
Street									
Post town									
County/Region									
Postcode					Ī				
Country		,		<u>'</u>	<u>'</u>	<u>-</u>			
4	Liqu	uida	itor	s en	nail a	addr	ess	or telephone number •	
Email address									• You must give an email address or
Telephone number	 								 telephone number. All information on this form will appear on the public record.
5	Insc	olve	ncy	pra	ctitic	ner	nur	nber	
Insolvency practitioner number									