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



Companies House

WEDNESDAY



A75MA0YB

A16

09/05/2018

#283

COMPANIES HOUSE

1 Company details

Company number 0 8 0 8 7 3 8 2

Company name in full Heighway Pinball Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Mark

Surname Bowen

3 Liquidator's address

Building name/number 11 Roman Way, , ,

Street Berry Hill

Post town Droitwich

County/Region

Postcode W R 9 9 A J

Country

4 Liquidator's email address or telephone number ^①

Email address mark@mb-i.co.uk

Telephone number 01905 776 771


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 8 7 1 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)		
Surname		
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		
Street		
Post town		
County/Region		
Postcode		
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		
Telephone number		
9 Insolvency practitioner number		
Number		
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	<div> <div>d</div> <div>0</div> <div>d</div> <div>4</div> <div>m</div> <div>0</div> <div>m</div> <div>5</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>8</div> </div>	
11 Appointment details		
The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors		
12 Type of liquidation		
Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13 Sign and date		
Liquidator's signature	Signature <div> <div>X</div> <div></div> <div>X</div> </div>	
Signature date	<div> <div>d</div> <div>0</div> <div>d</div> <div>4</div> <div>m</div> <div>0</div> <div>m</div> <div>5</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>8</div> </div>	

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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