In accordance with section 109 of the Insolvency Act 1986

600



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

A9EN7YB7
A23 29/09/2020 #167
COMPANIES HOUSE

	Company details				
Company number	1 0 1 5 8 9 7 7	→ Filling in this form			
Company name in full	28W TRADING LTD	Please complete in typescript or in bold black capitals.			
	Liquidator's name				
Full forename(s)	MANUBHAI GOVINDBHAI				
Surname	MISTRY				
	Liquidator's address				
Building name/number	HORSFIELDS, BELGRAVE PLACE				
Street	8 MANCHESTER ROAD				
Post town	BURY				
County/Region	GREATER MANCHESTER				
Postcode	BL9 OED				
Country	ENGLAND				
	Liquidator's email address or telephone number ●	● You must give an email address or			
Email address	INFO@HORSFIELDS.COM	telephone number. All information on this form will appear on the			
Telephone number	01617633183	public record.			
	Insolvency practitioner number				
Number	7 7 8 7				

600

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

	Liquidator's name •					
Full forename(s)	HEMAL	Other Liquidator's details Use this section to tell us about				
Surname	MISTRY	another liquidator.				
	Liquidator's address ●					
Building name/number	HORSFIELDS, BELGRAVE PLACE	Other Liquidator's details				
Street	8 MANCHESTER ROAD	Use this section to tell us about another liquidator. Use the				
		continuation page to tell us about more than two liquidators.				
Post town	BURY					
County/Region	GREATER MANCHESTER					
Postcode	BL90ED					
Country	ENGLAND					
	Liquidator's email address or telephone number ●	You must give an email address or				
Email address	INFO@HORSFIELDS.COM	telephone number. All information on this form will appear on the				
Telephone number	01617633183	public record.				
	Insolvency practitioner number	· · · · · · · · · · · · · · · · · · ·				
Number	1 0 7 7 0					
- 1-1-1	Statement of appointment					
	I confirm the appointment of the liquidator(s) on	^				
Date	$\begin{bmatrix} d_2 & d_1 & \begin{bmatrix} m_0 & m_9 & \end{bmatrix} & \begin{bmatrix} \gamma_2 & \gamma_0 & \gamma_2 & \gamma_0 \end{bmatrix}$					
	Appointment details					
	The appointment was made by					
	(Tick one) Company					
	Creditors					
	Type of liquidation					
	Tick to confirm the liquidation type					
	□ Members					
	☑ Creditors					
	Sign and date	1				
Liquidator's signature	Signature //					
ciquidator s signature	× H					
Signature date	d 2 d 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					

600

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

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	HE	MAL	MIS	TRY					
Company name	HOI	RSFI	ELD	S					
Address	BEL	.GR/	WE	PLA	CE				
8 MANCHESTER ROAD									
Post town	BUF	RY							
County/Region	GRE	ATE	ER M	IANC	CHES	STEI	R		
Postcode		В	L	9		0	E	D	
Country	ENG	SLAN	1D						
DX									
Telephone	016	1763	318	3			•		

1

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

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

	·	
	Company details	
Company number		
Company name in full		
	Liquidator's name	
Full forename(s)		
Surname		
	Liquidator's address	
Building name/number		
Street		
	·	
Post town		
County/Region		
Postcode		
Country		
	Liquidator's email address 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
	Insolvency practitioner number	public record.
Insolvency practitioner		
number		•
	·	
		•
		r
	•	×
	• .	
		,