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



Companies House

TUESDAY



A17 *A8126V0Q* 12/03/2019 #218
COMPANIES HOUSE

to

1 Company details

Company number 1 0 3 8 5 4 3 6

Company name in full Noir Group Limited

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

2 Liquidator's name

Full forename(s) James

Surname Fish

3 Liquidator's address

Building name/number The Copper Room

Street Deva Centre

Trinity Way

Post town Manchester

County/Region

Postcode M 3 7 B G

Country

4 Liquidator's email address or telephone number ^①

Email address insolvency@rpg.co.uk

Telephone number 0161 608 0000

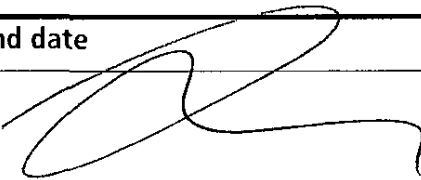
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 2 1 3 9 0


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6	Liquidator's name ^①	
Full forename(s)	Alan	
Surname	Coleman	
		① Other Liquidator's details Use this section to tell us about another liquidator.
7	Liquidator's address ^②	
Building name/number	The Copper Room	
Street	Deva Centre	
	Trinity Way	
Post town	Manchestser	
County/Region		
Postcode	M 3 7 B G	
Country		
		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.
8	Liquidator's email address or telephone number ^③	
Email address	insolvency@rpg.co.uk	
Telephone number	0161 608 0000	
		③ You must give an email address or telephone number. All information on this form will appear on the public record.
9	Insolvency practitioner number	
Number	0 0 9 4 0 2	
10	Statement of appointment	
I confirm the appointment of the liquidator(s) on		
Date	d 2 d 8 m 0 m 2 y 2 y 0 y 1 y 9	
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 X  X	
Signature date	d 0 d 7 m 0 m 3 y 2 y 0 y 1 y 9	


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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	Chris Jones
Company name	RPG
Address	The Copper Room
Deva Centre	
Trinity Way	
Post town	Manchester
County/Region	
Postcode	M 3 7 B G
Country	
DX	
Telephone	0161 608 0000

	Checklist
We may return forms completed incorrectly or with information missing.	
Please make sure you have remembered the following:	
<input type="checkbox"/> The company name and number match the information held on the public Register.	
<input type="checkbox"/> 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