

600

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



Companies House



1 Company details	
Company number	1 0 8 4 9 9 4 5
Company name in full	Tga Construction (UK) Ltd

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

2 Liquidator's name	
Full forename(s)	Richard
Surname	Cacho

3 Liquidator's address	
Building name/number	64-66
Street	Westwick Street
Post town	Norwich
County/Region	Norfolk
Postcode	N R 2 4 S Z
Country	

4 Liquidator's email address or telephone number ¹	
Email address	
Telephone number	01603 883443

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	1 1 0 1 2

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6 Liquidator's name^①

Full forename(s)	
Surname	

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number	
Street	
Post town	
County/Region	
Postcode	
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	
Telephone number	

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									
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on										
Date	<table border="1"><tr><td>^d1</td><td>^d0</td><td>^m1</td><td>^m0</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y2</td></tr></table>	^d 1	^d 0	^m 1	^m 0	^y 2	^y 0	^y 2	^y 2	
^d 1	^d 0	^m 1	^m 0	^y 2	^y 0	^y 2	^y 2			

11 Appointment details

The appointment was made by (Tick one)	
<input checked="" type="checkbox"/> Company	
<input 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 <input checked="" type="checkbox"/> 	<input checked="" type="checkbox"/>								
Signature date	<table border="1"><tr><td>^d1</td><td>^d1</td><td>^m1</td><td>^m0</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y2</td></tr></table>	^d 1	^d 1	^m 1	^m 0	^y 2	^y 0	^y 2	^y 2	
^d 1	^d 1	^m 1	^m 0	^y 2	^y 0	^y 2	^y 2			

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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 **Shauna Eves**

Company name **RCM Advisory Limited**

Address **64-66 Westwick Street**

Post town **Norwich**

County/Region **Norfolk**

Postcode

N	R	2		4	S	Z
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Country

DX

Telephone **01603 883443**

 **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