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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details	
Company number	1 0 8 6 4 8 2 3	→ Filling in this form Please complete in typescript or in
Company name in full	Malbec Acquisition Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Vincent John	
Surname	Green	
3	Liquidator's address	
Building name/number	4 Mount Ephraim Road	
Street	Tunbridge Wells	
Post town	Kent	
County/Region		
Postcode	T N 1 E E	
Country		
4	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	01892 700200	public record.
5	Insolvency practitioner number	
Number	0 0 9 4 1 6	

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6	Liquidator's name ⁰	
Full forename(s)	Steven	Other Liquidator's details Use this section to tell us about
Surname	Edwards	another liquidator.
7	Liquidator's address ®	
Building name/number	4 Mount Ephraim Road	Other Liquidator's details
Street	Tunbridge Wells	Use this section to tell us about another liquidator. Use the continuation page to tell us about
Post town	 	more than two liquidators.
County/Region	Kent	
Postcode		
	T N 1 1 E E	
Country		
	Liquidator's email address or telephone number Output Description:	You must give an email address or telephone number. All information
Email address		on this form will appear on the public record.
Telephone number	01892 700200	public record.
9	Insolvency practitioner number	
Number	2 6 0 9 0	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} \frac{1}{2} & \frac{1}{1} & \frac{m}{2} & \frac{y}{2} & \frac{y}{2} & \frac{y}{2} \end{bmatrix}$	
11	Appointment details	
	The appointment was made by (Tick one)	
	(fick one) ☑ Company	
	□ Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	✓ Members	
	□ Creditors	
13	Sign and date	1
Liquidator's signature	Signature	×
Signature date	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	
		I

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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	George Budd	
Company name	Crowe U.K. LLP	
4 Mount Ephraim Road		
	Tunbridge Wells	
Post town	Kent	
County/Region		
Postcode	T N 1 1 E E	
Country		
DX		
Telephone	01892 700200	

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