In accordance with section 109 of the Insolvency Act 1986

## 600



# 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 1 2 9 0 6 1 5	→ Filling in this form  Please complete in typescript or in						
Company name in full	CWTSH LTD	bold black capitals.						
2	Liquidator's name							
Full forename(s)	Brendan							
Surname	Doyle							
3	Liquidator's address							
Building name/number	6 Ynys Bridge Court							
Street	Gwaelod Y Garth							
Post town	Cardiff							
County/Region	South Glamorgan							
Postcode	C F 1 5 9 S S							
Country	Wales							
4	Liquidator's email address or telephone number •	• You must give an email address or						
Email address	brendan@doyledavies.com	telephone number. All information on this form will appear on the						
Telephone number	02920820340 public record.							
5	Insolvency practitioner number							
Number	6 3 4 3							

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6	Liquidator's name <sup>©</sup>								
Full forename(s)	Dean	Other Liquidator's details Use this section to tell us about another liquidator.							
Surname	Collins								
7	Liquidator's address @								
Building name/numbe	r 6	Other Liquidator's details							
Street	Ynys Bridge Court	Use this section to tell us about another liquidator. Use the							
	Gwaelod Y Garth	continuation page to tell us about more than two liquidators.							
Post town	Cardiff								
County/Region	South Glamorgan								
Postcode	C F 1 5 9 S S								
Country	Wales								
8	Liquidator's email address or telephone number ®	You must give an email address or							
Email address	dean@doyledavies.com	telephone number. All information							
Telephone number	02920820340 on this form will app public record.								
9	Insolvency practitioner number								
Number	2 0 0 9 0								
10	Statement of appointment								
	I confirm the appointment of the liquidator(s) on								
Date	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$								
11	Appointment details								
	The appointment was made by								
	(Tick one)								
	☐ Company ☐ Creditors								
12	Type of liquidation								
	Tick to confirm the liquidation type								
	Members								
	☑ Creditors								
13	Sign and date								
iquidator's signature	Signature								
	X	X							
ignature date	$\begin{bmatrix} d & 0 & d & 1 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 9 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 & 2 & y & 0 \end{bmatrix}$								

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following:

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Contact name	Alex	( Ho	mayo	onfa	ar				
Company name	Doy	le Da	avies	3					
								_	
Address	6 Yr	ys E	Bridg	e Co	urt				
Gwaeld	od Y C	arth	1						
Post town	Cardiff								
County/Region	South Glamorgan								
Postcode		С	F	1	5		9	S	s
Country	Wale	es				****			
DX									
Telephone	02920 820340								
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We may with info					eted	inco	rrect	ly or	
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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