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



Companies House

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

1	Company details	
Company number	11495394	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Mamamade Foods Limited	
2	Liquidator's name	
Full forename(s)	Paul	
Surname	Cooper	
3	Liquidator's address	
Building name/number	29th Floor	
Street	40 Bank Street	
Post town	London	
County/Region		
Postcode	E14 5NR	
Country		
4	Liquidator's email address or telephone number ^①	① You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	De-Team@btguk.com	
Telephone number	020 7400 7900	
5	Insolvency practitioner number	
Number	15452	

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6 Liquidator's name ^①

Full forename(s) Paul Robert
Surname Appleton

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

7 Liquidator's address ^②

Building name/number 29th Floor
Street 40 Bank Street
Post town London
County/Region
Postcode E 1 4 5 N R
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 De-Team@btguk.com
Telephone number 020 7400 7900

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 8 8 8 3

10 Statement of appointment

I confirm the appointment of the liquidator(s) on
Date ^d1 ^d4 ^m0 ^m4 ^y2 ^y0 ^y2 ^y3

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

Liquidator's signature Signature
X *Paul S* **X**
Signature date ^d1 ^d9 ^m0 ^m4 ^y2 ^y0 ^y2 ^y3

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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	Darren Ellis									
Company name	Begbies Traynor (London) LLP									
Address	29th Floor									
	40 Bank Street									
Post town	London									
County/Region										
Postcode	E	1	4		5	N	R			
Country										
DX										
Telephone	020 7400 7900									

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