

600

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	1 2 4 8 2 1 8 4	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Adam Avery Ltd	
2	Liquidator's name	
Full forename(s)	Grace	
Surname	Jones	
3	Liquidator's address	
Building name/number	5th Floor	
Street	The Union Building	
Post town	51-59 Rose Lane	
County/Region	Norwich	
Postcode	N R 1 1 B Y	
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		
Telephone number	01603 284284	
5	Insolvency practitioner number	
Number	2 9 6 7 0	

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6 Liquidator's name^①

Full forename(s)

David

Surname

Perkins

① Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number

5th Floor

Street

The Union Building

Post town

51-59 Rose Lane

County/Region

Norwich

Postcode

N R 1 1 B Y

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

01603 284284

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

1 8 3 1 0

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	2	d	4	m	0	m	1	y	2	y	0	y	2	y	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

11 Appointment details

The appointment was made by
(Tick one)

☐ Company

☒ Court

12 Type of liquidation

Tick to confirm the liquidation type

☐ Members

☒ Creditors

13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

d	3	d	1	m	0	m	1	y	2	y	0	y	2	y	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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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 **Keith Hewison**

Company name **Parker Andrews Limited**

Address **5th Floor**

The Union Building

Post town **51-59 Rose Lane**

County/Region **Norwich**

Postcode **N R 1 1 B Y**

Country

DX

Telephone **01603 284284**

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