In accordance with section 109 of the Insolvency Act 1986

# 600



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



e refer to

	A23 03 COMPA	/09/2020 #271 NIES HOUSE	
1	Company details		
Company number	0 0 2 2 6 7 0 0	Filling in this form Please complete in typescript or in	
Company name in full	J.H. Walker & Co. (York) Limited	bold black capitals.	
2	Liquidator's name		
Full forename(s)	Simon David		
Surname	Chandler		
3	Liquidator's address	,	
Building name/number	c/o Mazars LLP		
Street		_	
<b>.</b>			
Post town	45 Church Street		
County/Region	Birmingham		
Postcode	B 3 2 R T	·	
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 public record.	
Telephone number	0121 232 9500		
5	Insolvency practitioner number		
Number	0 0 8 8 2 2		

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Suriame Bevan Use this section to tell us about another liquidator's address   Building name/number   C/O Mazars LLP	6	Liquidator's name <sup>0</sup>		
Surrame   Bevan	Full forename(s)	Scott Christian		
Building name/number	Surname	Bevan		
Street    Street	7	Liquidator's address o		
Street    Country   A5 Church Street   Country/Region   Birmingham   Postcode   B   3   2   R   T	Building name/number	c/o Mazars LLP		
Post town 45 Church Street  County/Region Birmingham Postcode B 3 2 R T    Be a Liquidator's email address or telephone number   Country   Building a Liquidator's email address or telephone number   Country   Building a Liquidator's email address or telephone number   Country   Country	Street		another liquidator. Use the	
Country/Region Birmingham Postcode B 3 2 R T   Semail address   Postcode   Po	•		more than two liquidators.	
Postcode B 3 2 R T  Country  8 Liquidator's email address or telephone number  telephone number  telephone number  telephone number	Post town	45 Church Street		
Country   S	County/Region	Birmingham	,	
Email address  Email address  Telephone number  0 121 232 9500  9	Postcode	B 3 2 R T		
Email address Telephone number  0 121 232 9500  9	Country			
Interest address  Telephone number  O 121 232 9500  Insolvency practitioner number  Number  O 0 9 6 1 4  Tonfirm the appointment  I confirm the appointment of the liquidator(s) on  Date  Date  Appointment details  The appointment was made by (Tick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Table Sign and date  Liquidator's signature  Signature  Signature  Signature  Members  Creditors  An this form will appear on the public record.  on this form will appear on the public record.	8	Liquidator's email address or telephone number 🏵		
Statement of appointment   I confirm the appointment   I confirm the appointment   I confirm the appointment of the liquidator(s) on	Email address			
Number 0 0 9 6 1 4      10	Telephone number	0121 232 9500		
Statement of appointment    confirm the appointment of the liquidator(s) on	9	Insolvency practitioner number		
Toonfirm the appointment of the liquidator(s) on	Number	0 0 9 6 1 4		
Date    d   d   d   d   d   d   d   d	10	Statement of appointment		
The appointment was made by (Tick one) Company Creditors  Type of liquidation Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature  Signature  Signature  Signature  X		<u></u>		
The appointment was made by (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature X  Liquidator's signature X	Date		•	
(Tick one)  ☐ Company ☐ Creditors  12  Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  Signature  X  X	11	Appointment details		
Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature X  Liquidator's signature X				
☐ Creditors  Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  Sign and date  Liquidator's signature X  Liquidator's signature X  X		· · ·		
Tick to confirm the liquidation type  ✓ Members  Creditors  Sign and date  Liquidator's signature  X  X	· · · · · · · · · · · · · · · · · · ·	l · · · · · · · · · · · · · · · · · · ·		
✓ Members □ Creditors Sign and date Liquidator's signature X X X	12	Type of liquidation		
Sign and date  Liquidator's signature  X  Signature  X				
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	Liquidator's signature			
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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	Amanda Miller
Company name	Mazars LLP
	·
Address .	45 Church Street
	Birmingham
	·
Post town	B3 2RT
County/Region	
Postcode	
Country	
DX	
Telephone	0121 232 9500

## ✓ 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.

#### 7 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