

600

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



Companies House



1 Company details

Company number	0	0	4	6	5	0	9	9
Company name in full	Joseph Spark & Son Limited							

→ Filling in this form
Please complete in typescript or in 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	
Post town	45 Church Street
County/Region	Birmingham
Postcode	B 3 2 R T
Country	

4 Liquidator's email address or telephone number ^①

Email address	
Telephone number	0121 232 9500

① You must give an email address or telephone number. All information on this form will appear on the public record.

5 Insolvency practitioner number

Number	0	0	8	8	2	2
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6 Liquidator's name ^①

Full forename(s)	Scott Christian
Surname	Bevan

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

7 Liquidator's address ^②

Building name/number	c/o Mazars LLP
Street	
Post town	45 Church Street
County/Region	Birmingham
Postcode	B 3 2 R T
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	0121 232 9500

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	0 0 9 6 1 4
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on	
Date	^d 2 ^d 7 ^m 0 ^m 8 ^y 2 ^y 0 ^y 2 ^y 0

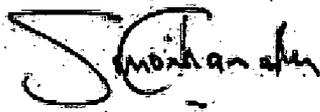
11 Appointment details

The appointment was made by (Tick one)
<input checked="" type="checkbox"/> Company
<input type="checkbox"/> Creditors

12 Type of liquidation

Tick to confirm the liquidation type
<input checked="" type="checkbox"/> Members
<input type="checkbox"/> Creditors

13 Sign and date

Liquidator's signature	Signature X  X
Signature date	^d 0 ^d 1 ^m 0 ^m 9 ^y 2 ^y 0 ^y 2 ^y 0

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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.



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