In accordance with section 109 of the Insolvency Act 1986

600



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



		COMPANIES HOUSE
1	Company details	
Company number	0 0 4 9 7 2 6 4	Filling in this form Please complete in typescript or in
Company name in full	H.KNIGHT(HUNTLEY)LIMITED	bold black capitals.
2	Liquidator's name	<u> </u>
Full forename(s)	TONY	
Surname	MITCHELL	
3	Liquidator's address	
Building name/number	BUSINESS INNOVATION CENTRE	
Street	HARRY WESTON ROAD	
Post town	COVENTRY	
County/Region		
Postcode	C V 3 2 T X	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	office@cranfieldbusinessrecovery.co.uk	telephone number. All information on this form will appear on the
Telephone number	024 7655 3700	public record.
5	Insolvency practitioner number	
Number	8 2 0 3	
		*

600

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

Full forename(s) Surname T Li Building name/number Street	iquidator's address ❷	Other Liquidator's details Use this section to tell us about another liquidator. Other Liquidator's details Use this section to tell us about another liquidator. Use the	
7 Li Building name/number	iquidator's address 0	another liquidator. Other Liquidator's details Use this section to tell us about	
Building name/number	iquidator's address 🛭	Use this section to tell us about	
		Use this section to tell us about	
Street			
		continuation page to tell us about more than two liquidators.	
Post town			
County/Region			
Postcode			
Country			
8 Li	quidator'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	
Telephone number		public record.	
9 Ir	nsolvency practitioner number		
Number			
10 S	tatement of appointment		
	confirm the appointment of the liquidator(s) on		
	2 6		
11 A	ppointment details		
(The appointment was made by Tick one) Company Creditors		
12 Ty	ype of liquidation		
1	ick to confirm the liquidation type ☑ Members □ Creditors		
13 Si	ign and date		
Enquiración y signatara	ignature X	×	
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		

600

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

8

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	TONY MITCHELL	
Company name	CRANFIELD BUSINESS RECOVERY	
LIMITE	D	
Address	BUSINESS INNOVATION CENTRE	
HARRY WESTON ROAD		
Post town	COVENTRY	
County/Region		
Postcode	C V 3 2 T X	
Country		
DX		
Telephone	024 7655 3700	



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.

f 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