In accordance with section 109 of the Insolvency Act 1986

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

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

1	Company details	
Company number	0 0 5 3 8 3 6	Filling in this form Please complete in typescript or in
Company name in full	Cookes (Tankerton) Limited	bold black capitals.
		_
2	Liquidator's name	·
Full forename(s)	Amanda Janice	
Surname	Ireland	_
3	Liquidator's address	
Building name/number	Bank Chambers	
Street	1 Central Avenue	_
Post town	Sittingbourne	
County/Region	Kent	
Postcode	ME 1 0 4 A E	
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
Telephone number	01795 433655	public record.
5	Insolvency practitioner number	
Number	9 2 7 4	

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6	Liquidator's name •	
Full forename(s)	Alison Jane	Other Liquidator's details Use this section to tell us about
Surname	Collier	another liquidator.
7	Liquidator's address ®	
Building name/number	Bank Chambers	Other Liquidator's details
Street	1 Central Avenue	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	Sittingbourne	
County/Region	Kent	
Postcode	MEIO 4AE	
Country		
8	Liquidator's email address or telephone number €	3 You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	01795 433655	public record.
9	Insolvency practitioner number	
Number	1 2 2 5 2	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & & d & & \\ 1 & 6 & & 0 \end{bmatrix} \begin{bmatrix} m & & & \\ 1 & & & & \\ 2 & & & & \\ 2 & & & & \\ 3 & & & & \\ 3 & & & & \\ 3 & & & &$	
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	×
 Signature date	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 7 \\ 0 \end{bmatrix} \begin{bmatrix} 7 \\ 1 \end{bmatrix} \begin{bmatrix} 7 \\ 2 \end{bmatrix} \begin{bmatrix} 7 \\ 0 \end{bmatrix} \begin{bmatrix} 7 \\ 2 \end{bmatrix} \begin{bmatrix} 7 \\ 3 \end{bmatrix}$	

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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	Lucy Douglas	
Company name	mfw Insolvency & Corporate	
	Recovery	
Address	Bank Chambers	
	1 Central Avenue	
Post town	Sittingbourne	
County/Region	Kent	
Postcode	M E 1 0 4 A E	
Country		
DX		
Telephone	01795 433655	

✓ 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.
- \square 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