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 2 3 4 1 3 5 5	→ Filling in this form Please complete in typescript or in					
Company name in full	Okefab Limited	bold black capitals.					
2	Liquidator's name						
Full forename(s)	Michael James						
Surname	Gregson						
3 Liquidator's address							
Building name/number	TC Bulley Davey Limited						
Street	Brightfield Business Hub						
	Bakewell Road						
Post town	Orton Southgate						
County/Region	Peterborough						
Postcode	P E 2 6 X U						
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	01733 569494	public record.					
5	Insolvency practitioner number						
Number	9 3 3 9						

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6	Liquidator's name [©]	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address @	
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		
Postcode		
Country		_
8	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		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & 2 \end{bmatrix} \begin{bmatrix} d & 0 \end{bmatrix} \begin{bmatrix} m & 1 \end{bmatrix} \begin{bmatrix} m & 2 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix}$	
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 X	×
Signature date	20 12/20/2/2	13.5

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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	Paul Ward		
Company name	TC Bulley Davey Limited		
Address	Brightfield Business Hub		
	Bakewell Road		
	Orton Southgate		
Post town	Peterborough		
County/Region			
Postcode	P E 2 6 X U		
Country			
DX			
Telephone	01733 569494		

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 he			
П	You have sign	ed and da	ted 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