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

EDNESDAY



A09 02/10/2019
COMPANIES HOUSE

#71

1	Company details	
Company number	0 2 5 6 1 4 2 5	→ Filling in this form Please complete in typescript or in
Company name in full	Passdata Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	David Frederick Wilson	
Surname		
3	Liquidator's address	
Building name/number	DFW Associates	
Street	29 Park Square West	
Post town	Leeds	
County/Region	WestYorkshire	
Postcode	LS12PQ	
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	0113 3907940	
5	Insolvency practitioner number	
Number	6 0 7 4	

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6	Liquidator's name •		
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator.	
Surname			
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	d 0 d 1 m 1 m 2 y 2 y 0 y 1 y 9		
11	Appointment details		
	The appointment was made by (Tick one) ☐ Company ☐ Creditors		
12	Type of liquidation	I	
	Tick to confirm the liquidation type ☑ Members □ Creditors		
13	Sign and date		
Liquidator's signature	Signature X	×	
Signature date	$\begin{bmatrix} d \\ 0 \end{bmatrix} \begin{bmatrix} d \\ 1 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 9 \end{bmatrix}$		
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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	Sam Booth
Company name	DFW Associates
Address	29 Park Square West
Post town	Leeds
County/Region	West Yorkshire
County/Region Postcode	West Yorkshire L S 1 2 P Q
Postcode	

✓ 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