

600

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



Companies House

SATURDAY



A23 28/04/2018 #305
COMPANIES HOUSE

fer to

1 Company details

Company number 0 2 6 8 0 2 6 9

Company name in full Phoenix Life Insurance Services Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Sean

Surname Croston

3 Liquidator's address

Building name/number 1020

Street Eskdale Road

Post town Winnersh

County/Region Wokingham

Postcode R G 4 1 5 T S

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 02380 381146

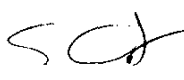
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 8 9 3 0

600

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

6 Liquidator's name ^①	
Full forename(s)	
Surname	
① Other Liquidator's details Use this section to tell us about another liquidator.	
7 Liquidator's address ^②	
Building name/number	
Street	
Post town	
County/Region	
Postcode	
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	
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	
10 Statement of appointment	
I confirm the appointment of the liquidator(s) on	
Date	2 3 0 4 2 0 1 8
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	2 7 0 4 2 0 1 8

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



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

Company name **Grant Thornton UK LLP**

Address **1020 Eskdale Road**

Post town **Winnersh**

County/Region **Wokingham**

Postcode **R G 4 1 5 T S**

Country

DX

Telephone



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

600 - continuation page

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

1 Company details

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

2 Liquidator's name

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

3 Liquidator's address

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

4 Liquidator's email address or telephone number ^❶

Email address	<input type="text"/>	❶ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

5 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>	
--------------------------------	----------------------	--