

# 600

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



Companies House

SATURDAY



A15 \*A8GW5BP2\* #295  
26/10/2019  
COMPANIES HOUSE

please refer to  
house

### 1 Company details

Company number 0 2 7 6 7 6 3 9

Company name in full DATA INTEGRATION LIMITED

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

### 2 Liquidator's name

Full forename(s) IAN HARVEY

Surname DEAN

### 3 Liquidator's address

Building name/number 1

Street NEW STREET SQUARE

Post town LONDON

County/Region

Postcode E C 4 A 3 H Q

Country UNITED KINGDOM

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address swaringmitchell@deloitte.co.uk

Telephone number +44 (0) 20 7303 6688

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 0 0 9 4 6 2

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**6 Liquidator's name<sup>1</sup>**

Full forename(s) STEPHEN ROLAND

Surname BROWNE

**1 Other Liquidator's details**  
Use this section to tell us about another liquidator.

**7 Liquidator's address<sup>2</sup>**

Building name/number 1

Street NEW STREET SQUARE

Post town LONDON

County/Region

Postcode E C 4 A 3 H Q

Country UNITED KINGDOM

**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<sup>3</sup>**

Email address swaringmitchell@deloitte.co.uk

Telephone number +44 (0) 20 7303 6688

**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 0 0 9 2 8 1

**10 Statement of appointment**

I confirm the appointment of the liquidator(s) on

Date <sup>d</sup>1 <sup>d</sup>8 <sup>m</sup>1 <sup>m</sup>0 <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>9

**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  X

Signature date

<sup>d</sup>2 <sup>d</sup>4 <sup>m</sup>1 <sup>m</sup>0 <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>9

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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	SEAN WARING MITCHELL
Company name	DELOITTE LLP
Address	1 NEW STREET SQUARE
Post town	LONDON
County/Region	
Postcode	E C 4 A 3 H Q
Country	UNITED KINGDOM
DX	
Telephone	+44 (0) 20 7303 6688

 **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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**