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

Companies House

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

1	Company details									
Company number	0 2 8 7 6 1 8 2	→ Filling in this form Please complete in typescript or in								
Company name in full	BURTON MOTOR FACTORS LIMITED	bold black capitals.								
		_								
2	Liquidator's name									
Full forename(s)	CHRISTOPHER									
Surname	WOOD									
3	Liquidator's address									
Building name/number	VICARAGE CHAMBERS									
Street	9 PARK SQUARE EAST	_								
Post town	LEEDS	_								
County/Region	WEST YORKSHIRE									
Postcode	L S 1 2 L H	_								
Country										
4	-									
Email address	admin@cloughcs.co.uk	telephone number. All information on this form will appear on the								
Telephone number	0333 456 0078	public record.								
5	Insolvency practitioner number									
Number	9 5 7 1									

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6	Liquidator's name ⁰						
ull forename(s)		Other Liquidator's details Use this section to tell us about					
iurname		another liquidator.					
7	Liquidator's address @						
Building name/number Street		Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us abo more than two liquidators.					
ost town							
County/Region							
Postcode							
Country							
3	Liquidator's email address or telephone number ©	You must give an email address telephone number. All informati on this form will appear on the					
mail address							
elephone number		public record.					
9	Insolvency practitioner number						
lumber							
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	$\begin{bmatrix} d_2 & d_6 & & \end{bmatrix} \begin{bmatrix} m_0 & m_4 & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & \end{bmatrix} \begin{bmatrix} y_2 & y_3 & & & & & & & & & & & & & & & & & & &$						
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						
iquidator's signature	Signature X	×					
	d 0 d 2 m 0 m 5 y 2 y 0 y 2 y 3						

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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	EM	иA V	VILB	Υ						
Company name CLOUGH CORPORATE SOLUTIONS										
LIMITED										
Address	VICARAGE CHAMBERS									
9 PARK SQUARE EAST										
							•			
Post town	LEE	DS								
County/Region WEST YORKSHIRE										
Postcode		L	S	1		_[2	Ĺ	Н	
Country										-
DX			-							
Telephone	0333	3 456	3 00	78			•••••	_		

✓ 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