In accordance with section 109 of the Insolvency Act 1986

# 600



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

		CON	MPANIES HOUSE	
1	Company details			
Company number	0 3 8 0 7 9 8 1		→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	PUNCH TAVERNS (PGRA) LIMITED			
2	Liquidator's name	1		
Full forename(s)	EMMA			
Surname	CRAY			
3	Liquidator's address			
Building name/number	PRICEWATERHOUSECOOPERS LLP			
Street	ONE CHAMBERLAIN SQUARE			
Post town	BIRMINGHAM			
County/Region				
Postcode	B 3 3 A X			
Country	UNITED KINGDOM			
4 Liquidator's email address or telephone number •			• You must give an email address or	
Email address	EMMA.CRAY@PWC.COM		telephone number. All information on this form will appear on the public record.	
Telephone number				
5	Insolvency practitioner number			
Number	1 7 4 5 0			

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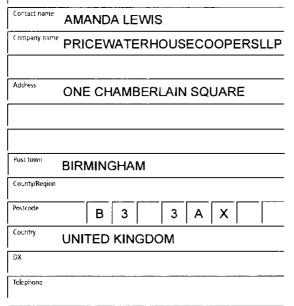
6	Liquidator's name <sup>6</sup>		
Full forename(s)	STEVEN	Other Liquidator's details Use this section to tell us about	
Surname	SHERRY	another liquidator,	
7	Liquidator's address •	·	
Building name/numbe	PRICEWATERHOUSECOOPERS LLP	Other Liquidator's details	
Street	7 MORE LONDON RIVERSIDE	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town	LONDON		
County/Region			
Postcode	SE12RT		
Country	UNITED KINGDOM		
8	Liquidator's email address or telephone number	You must give an email address or	
Email address	STEVEN.A.SHERRY@PWC.COM	telephone number. All information on this form will appear on the	
Telephone number		public record.	
9	Insolvency practitioner number		
Number	1 9 7 5 2		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	0 4 0 3 /2 /0 /2 /0		
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	<u> </u>	
Liquidator's signature	Signature X	×	
Signature date	d d m y y y		

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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.



# ✓ 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