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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](http://www.gov.uk/companieshouse)

|                      |                                                                    |                                                                                                                                      |
|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>             | <b>Company details</b>                                             |                                                                                                                                      |
| Company number       | 0 5 0 1 4 9 4 2                                                    | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals.                                         |
| Company name in full | IF Structuring Limited                                             |                                                                                                                                      |
| <b>2</b>             | <b>Liquidator's name</b>                                           |                                                                                                                                      |
| Full forename(s)     | Dermot                                                             |                                                                                                                                      |
| Surname              | Coakley                                                            |                                                                                                                                      |
| <b>3</b>             | <b>Liquidator's address</b>                                        |                                                                                                                                      |
| Building name/number | 2nd Floor, Shaw House                                              |                                                                                                                                      |
| Street               | 3 Tunsgate                                                         |                                                                                                                                      |
| Post town            | Guildford                                                          |                                                                                                                                      |
| County/Region        | Surrey                                                             |                                                                                                                                      |
| Postcode             | G U 1 3 Q T                                                        |                                                                                                                                      |
| Country              |                                                                    |                                                                                                                                      |
| <b>4</b>             | <b>Liquidator's email address or telephone number <sup>①</sup></b> |                                                                                                                                      |
| Email address        | forum@mbicoakley.co.uk                                             | <b>①</b> You must give an email address or<br>telephone number. All information<br>on this form will appear on the<br>public record. |
| Telephone number     | 01483 405160                                                       |                                                                                                                                      |
| <b>5</b>             | <b>Insolvency practitioner number</b>                              |                                                                                                                                      |
| Number               | 6 8 2 4                                                            |                                                                                                                                      |

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|                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>6</b>               | <b>Liquidator's name <sup>①</sup></b>                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Full forename(s)       |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Surname                |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                        | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                                                                                                                                                                                                                                                                                 |  |
| <b>7</b>               | <b>Liquidator's address <sup>②</sup></b>                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Building name/number   |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Street                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Post town              |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| County/Region          |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Postcode               | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                                                                                                                 |  |
| Country                |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                        | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.                                                                                                                                                                                                                                                           |  |
| <b>8</b>               | <b>Liquidator's email address or telephone number <sup>③</sup></b>                                                                                                                                                                                                                                                                                                                                                           |  |
| Email address          |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Telephone number       |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                        | <b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>                                                                                                                                                                                                                                                                                                  |  |
| <b>9</b>               | <b>Insolvency practitioner number</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Number                 | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                                                                                                                 |  |
| <b>10</b>              | <b>Statement of appointment</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                        | I confirm the appointment of the liquidator(s) on                                                                                                                                                                                                                                                                                                                                                                            |  |
| Date                   | <div> <div> <div><sup>d</sup></div> <div>2</div> </div> <div> <div><sup>d</sup></div> <div>8</div> </div> <div> <div><sup>m</sup></div> <div>1</div> </div> <div> <div><sup>m</sup></div> <div>0</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> <div> <div><sup>y</sup></div> <div>0</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> </div> |  |
| <b>11</b>              | <b>Appointment details</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                        | The appointment was made by<br>(Tick one)<br><input checked="" type="checkbox"/> Company<br><input type="checkbox"/> Creditors                                                                                                                                                                                                                                                                                               |  |
| <b>12</b>              | <b>Type of liquidation</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                        | Tick to confirm the liquidation type<br><input checked="" type="checkbox"/> Members<br><input type="checkbox"/> Creditors                                                                                                                                                                                                                                                                                                    |  |
| <b>13</b>              | <b>Sign and date</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Liquidator's signature | Signature<br><div> <div>X</div> <div></div> <div>X</div> </div>                                                                                                                                                                                                                                                                           |  |
| Signature date         | <div> <div> <div><sup>d</sup></div> <div>0</div> </div> <div> <div><sup>d</sup></div> <div>1</div> </div> <div> <div><sup>m</sup></div> <div>1</div> </div> <div> <div><sup>m</sup></div> <div>1</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> <div> <div><sup>y</sup></div> <div>0</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> <div> <div><sup>y</sup></div> <div>2</div> </div> </div> |  |

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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 **Shaun Walker**

Company name **WSM MBI Coakley LLP**

Address **2nd Floor, Shaw House**

**3 Tunsgate**

Post town **Guildford**

County/Region **Surrey**

Postcode **G U 1 3 Q T**

Country

DX

Telephone **01483 405160**

 **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)**