

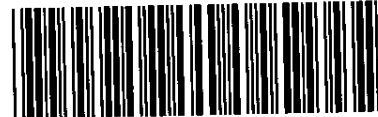
600

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



Companies House

THURSDAY



A37 *A72RWU01* #173
29/03/2018
COMPANIES HOUSE

to

1 Company details

Company number 05117602
Company name in full BRIT SEC SECURITY MANAGEMENT
LIMITED

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

2 Liquidator's name

Full forename(s) NEIL CHARLES
Surname MONEY

3 Liquidator's address

Building name/number 126
Street NEW WALK
Post town LEICESTER
County/Region
Postcode LE1 7JA
Country

4 Liquidator's email address or telephone number ^①

Email address leics@cba-insolvency.co.uk
Telephone number 0116 262 6804


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 8900

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 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 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 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 10 | Statement of appointment | |
| | I confirm the appointment of the liquidator(s) on | |
| Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 11 | Appointment details | |
| | The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors | |
| 12 | Type of liquidation | |
| | Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors | |
| 13 | Sign and date | |
| Liquidator's signature | Signature <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> | |
| Signature date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |