In accordance with section 109 of the Insolvency Act 1986

## 600



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

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

	Company details		
Company number	0 5 2 8 9 6 1 8	→ Filling in this form	
Company name in full	Neath Vale Building Supplies Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	Michelle		
Surname	Williams		
3	Liquidator's address		
Building name/number	Ty Antur		
Street	Navigation Park		
Post town	Abercynon		
County/Region	RCT	7 (20) (20) (20) (20) (20) (20) (20) (20)	
Postcode	C F 4 5 4 S N		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	michelle@bailams.co.uk	telephone number. All information on this form will appear on the public record.	
Telephone number	01443 749768		
5	Insolvency practitioner number		
Number	9 3 8 8		

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Full forename(s) Surname 7		Other Liquidator's details Use this section to tell us about
i		JE GRI JELIOH IO IEN UJ GIOUN
7		another liquidator.
التها	Liquidator's address 🛭	
Building name/number		Other Liquidator's details Use this section to tell us about
Street		another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region	A A A A A A A A A A A A A A A A A A A	
Postcode		
Country		
8	iquidator's email address or telephone number <b>9</b>	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	·
Date	${}^{d}1$ ${}^{d}1$ ${}^{m}0$ ${}^{m}1$ ${}^{y}2$ ${}^{y}0$ ${}^{y}2$ ${}^{y}4$	
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 Quick Control of the Con	×
Signature date	$\begin{bmatrix} 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 $	

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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 Company name Bailams & Co Address Ty Antur Navigation Park Post town Abercynon County/Region **RCT** Postcode С S Ν Country DX Telephone

#### 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

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600 - continuation page

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1	Company details	
Company number		
Company name in full		
2.	Liquidator's name	
Full forename(s)		
Surname		
<b>3</b>	Liquidator's address	A STATE OF THE STA
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number		