

# G

CHFP080

FORM No. 600

## Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

# 600

Please do not  
Write in this  
margin

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies  
(Address Overleaf)

For official use

Company number

Name of Company

A B C Data Recovery Limited

Nature of Business

Data Recovery

I/We give notice that I/We have been appointed liquidator(s) of the above company on  
25 August 2011

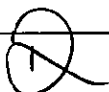
The appointment was by members and creditors

Type of liquidation creditors

Please  
complete legibly  
preferably in  
black type or  
bold block  
lettering

Name of Liquidator Gemma Louise Roberts  
Office holder number 9701  
Address Wilson Field Limited  
The Manor House  
260 Ecclesall Road South  
Sheffield  
S11 9PS

Signature



Date

25.8.11

Name of Liquidator Lisa Jane Hogg  
Office holder number 9037  
Address Wilson Field Limited  
The Manor House  
260 Ecclesall Road South  
Sheffield  
S11 9PS

Signature



BY POA

Date

25.8.11

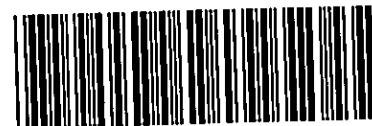
Presenter's name and address and  
reference (if any)  
ABCD01C  
Gemma Louise Roberts  
Wilson Field Limited  
The Manor House  
260 Ecclesall Road South  
Sheffield  
S11 9PS

Time Critical Reference

For Official Use  
General Section

Post room

FRIDAY



\*ADZKKX7U\*

A11

02/09/2011

298

COMPANIES HOUSE

**Part B: To be completed by the 'donor' (the person appointing the attorney(s))**

**Don't sign this form unless you understand what it means**

Please read the notes in the margin which follow and which are part of the form itself

Donor's name and address

I **Lisa Hogg**  
of **Wilson Field Limited**  
**The Manor House, 260 Ecclesall Road South**  
**Sheffield, S11 9PS**

Donor's date of birth

born on **11 June 1972**

See note 1 on the front of this form. If you are appointing only one attorney, you should cross out everything between the square brackets. If appointing more than two attorneys, please give the additional name(s) on an attached sheet.

appoint **Nicholas Wilson of Wilson Field Limited and**  
**Claire Foster of Wilson Field Limited and**  
**Fiona Grant of Wilson Field Limited and**  
**Gemma Roberts of Wilson Field Limited**

Cross out the one which does not apply (see note 1 on the front of this form)

▪ **jointly and severally**  
**to be my attorney(s) for the purpose of the Enduring Powers of Attorney Act 1985**

Cross out the one which does not apply (see note 2 on the front of this form). Add any additional powers

• **with authority to do the following on my behalf.**

If you don't want the attorney(s) to have general power, you must give details here of what authority you are giving to the attorney(s)

**Sign any forms and make any decisions regarding my appointment as Office Holder in any case on which I am, which I may be or which I have been appointed on at Wilson Field Limited**

in relation to  
**any Wilson Field Limited cases**

Cross out the one which does not apply

Part B: continued

Please read the notes in the margin which follow and which are part of the form itself

If there are restrictions or conditions, insert them here, if not, cross out these words if you wish (see note 3 on the front of this form)

If this form is being signed at your direction

- the person signing must not be an attorney or any witness (to Parts B or C)

- you must add a statement that this form has been signed at your direction

- a second witness is necessary (please see below)

Your signature (or mark)

Date

Someone must witness your signature.

Signature of witness

Your attorney(s) cannot be your witness. It is not advisable for your husband or wife to be your witness.

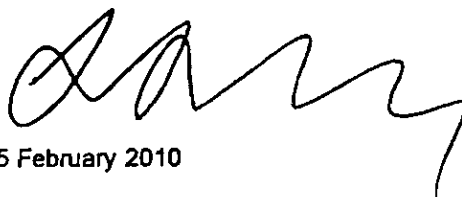
Signature of second witness

A second witness is only necessary if this form is not being signed by you personally but at your direction (for example, if a physical disability prevents you from signing)

I intend that this power shall continue even if I become mentally incapable

I have read or have had read to me the notes in Part A which are part of, and explain, this form

Signed by me as a deed and delivered



on

25 February 2010

in the presence of



Full name of witness

Helen Smith

Address of witness

Wilson Field Limited  
The Manor House, 260 Ecclesall Road South  
Sheffield, S11 9PS

in the presence of

Full name of witness

Address of witness

**Part C To be completed by the attorney(s)**

**Note 1** This form may be adapted to provide for execution by a corporation

**2** if there is more than one attorney additional sheets in the form as shown below must be added to this Part C

Please read the notes in the margin which follow and which are part of the form itself:

Don't sign this form before the donor has signed Part B or if, in your opinion, the donor was already mentally incapable at the time of signing Part B.

If this form is being signed at your direction -

- the person signing must not be an attorney or any witness (to Parts B or C)
- you must add a statement that this form has been signed at your direction
- a second witness is necessary (please see below)

Signature (or mark) of attorney

Date

Signature of witness

The attorney must sign the form and his signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of the other.

Signature of second witness

A second witness is only necessary if this form is not being signed by you personally but at your direction (for example, if a physical disability prevents you from signing)

I understand that I have a duty to apply to the Court for registration of this form under the Enduring Powers of Attorney Act 1985 when the donor is becoming or has become mentally incapable.

I also understand my limited power to use the donor's property to benefit persons other than the donor

I am not a minor

Signed by me as a deed and delivered

on

25 February 2010

in the presence of

Full name of witness

Address of witness



Helen Smith

Wilson Field Limited  
The Manor House,  
260 Ecclesall Road South  
Sheffield  
S11 9PS

in the presence of

Full name of witness

Address of witness

**Part C. To be completed by the attorney(s)**

**Note 1** This form may be adapted to provide for execution by a corporation

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Please read the notes in the margin which follow and which are part of the form itself

Don't sign this form before the donor has signed Part B or II, in your opinion, the donor was already mentally incapable at the time of signing Part B

If this form is being signed at your direction -  
• the person signing must not be an attorney or any witness (to Parts B or C)  
• you must add a statement that this form has been signed at your direction  
• a second witness is necessary (please see below)

Signature (or mark) of attorney

Date

Signature of witness.

The attorney must sign the form and his signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of the other.

Signature of second witness.

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I am not a minor

Signed by me as a deed and delivered

on



25 February 2010

In the presence of

Full name of witness

Address of witness



Helen Smith

Wilson Field Limited  
The Manor House,  
260 Ecclesall Road South  
Sheffield  
S11 9PS

in the presence of

Full name of witness

Address of witness

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Signature (or mark) of attorney

Date

Signature of witness

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Full name of witness

Helen Smith

Address of witness

Wilson Field Limited  
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S11 9PS

in the presence of

Full name of witness

Address of witness

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Signature (or mark) of attorney

Date

Signature of witness

The attorney must sign the form and his signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of the other.

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Full name of witness

Address of witness



Helen Smith

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in the presence of

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