

600

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



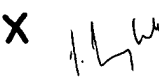

Companies House



| | | |
|----------------------|--|--|
| 1 | Company details | |
| Company number | 0 5 7 7 6 6 4 1 | → Filling in this form Please complete in typescript or in bold black capitals. |
| Company name in full | Kanoo Travel And Foreign Exchange Services Limited | |
| 2 | Liquidator's name | |
| Full forename(s) | Simon | |
| Surname | Campbell | |
| 3 | Liquidator's address | |
| Building name/number | Office D | |
| Street | Beresford House | |
| Post town | Town Quay | |
| County/Region | Southampton | |
| Postcode | S O 1 4 2 A Q | |
| Country | | |
| 4 | Liquidator's email address or telephone number ^① | |
| Email address | | |
| Telephone number | 02380336464 | |
| 5 | Insolvency practitioner number | |
| Number | 1 0 1 5 0 | |

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| | | | |
|------------------------|--|--|--|
| 6 | Liquidator's name ^① | | |
| Full forename(s) | Andrew | | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| Surname | Watling | | |
| 7 | Liquidator's address ^② | | |
| Building name/number | Office D | | 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. |
| Street | Beresford House | | |
| Post town | Town Quay | | |
| County/Region | Southampton | | |
| Postcode | S O 1 4 2 A Q | | |
| Country | | | |
| 8 | Liquidator's email address or telephone number ^③ | | |
| Email address | | | ③ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Telephone number | 02380336464 | | |
| 9 | Insolvency practitioner number | | |
| Number | 1 5 9 1 0 | | |
| 10 | Statement of appointment | | |
| | I confirm the appointment of the liquidator(s) on | | |
| Date | 0 8 0 7 2 0 2 1 | | |
| 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  | |  |
| Signature date | 2 2 0 7 2 0 2 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 | James Pike |
| Company name | Quantuma Advisory Limited |
| Address | Office D Beresford House |
| Post town | Town Quay |
| County/Region | Southampton |
| Postcode | S O 1 4 2 A Q |
| Country | |
| DX | info@quantuma.com |
| Telephone | 02380336464 |

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