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

1	Comp	any d	etai	ls									
Company number	0	6 0	2	3	9	6	6		→ Filling in this form Please complete in typescript or in				
Company name in full	U Sa	fe Limit	ed	bold black capitals.									
2	Liquid	dator	s na	me									
Full forename(s)	Jasor	n Mark				,							
Surname	Evan	ıs											
3	Liquid	dator	s ad	dres	s			N					
Building name/number	1st F	loor, P	embr	oke F	louse	, Cha	arte	Court					
Street	Swar	nsea En	terpi										
Post town	Swansea												
County/Region									· ·				
Postcode	S	A 7		9	F	S							
Country							•						
4	Liquidator's email address or telephone number •					• You must give an email address or							
Email address	mark@evansinsolvency.co.uk							telephone number. All information on this form will appear on the					
Telephone number	01792 630640								public record.				
5	Insolvency practitioner number												
Number	9	7 2	2					•					

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6	Liquidator's name	
Full forename(s)		Other Liquidator's details     Use this section to tell us     about another liquidator
Surname		1
7	Liquidator's address •	
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number	
Email address		You must give an email address or 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	0 5 0 5 2 0 2 3	
11	Appointment details	
	The appointment was made (Tick one)  Company  Creditors	

12	Type of liquidation									
	Tick to confirm the liquidation  ☐ Members  ☐ Creditors									
13	Sign and date									
Liquidator's signature	× profe ×									
Signature date	0 9 0 5 2 0 2 3									

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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. J. M. Evans **Evans Insolvency** 1st Floor, Pembroke House, Charter Court Swansea Enterprise Park, Llansamlet Swansea Postcode S Α 01792 630640 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