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



Companies House

SATURDAY



\*A8IDRG43\*

A24

16/11/2019

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COMPANIES HOUSE

### 1 Company details

Company number 0 6 2 3 1 6 4 6

Company name in full Movecorp Limited

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

### 2 Liquidator's name

Full forename(s) Stephen

Surname Goderski

### 3 Liquidator's address

Building name/number 15 Westferry Circus

Street

Post town

Canary Wharf

County/Region

London

Postcode

E 1 4 4 H D

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number

020 7495 1100

① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

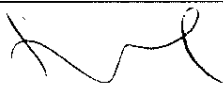
### 5 Insolvency practitioner number

Number

8 7 3 1

600

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<b>6</b>	<b>Liquidator's name <sup>①</sup></b>	
Full forename(s)	Peter	<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Surname	Hart	
<b>7</b>	<b>Liquidator's address <sup>②</sup></b>	
Building name/number	15 Westferry Circus	<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Street		
Post town	Canary Wharf	
County/Region	London	
Postcode	E 1 4 4 H D	
Country		
<b>8</b>	<b>Liquidator's email address or telephone number <sup>③</sup></b>	
Email address		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Telephone number	020 7495 1100	
<b>9</b>	<b>Insolvency practitioner number</b>	
Number	1 3 4 7 0	
<b>10</b>	<b>Statement of appointment</b>	
	I confirm the appointment of the liquidator(s) on	
Date	d 0 8 m 1 1 y 2 0 1 9	
<b>11</b>	<b>Appointment details</b>	
	The appointment was made by (Tick one)	
	<input type="checkbox"/> Company	
	<input checked="" type="checkbox"/> Creditors	
<b>12</b>	<b>Type of liquidation</b>	
	Tick to confirm the liquidation type	
	<input type="checkbox"/> Members	
	<input checked="" type="checkbox"/> Creditors	
<b>13</b>	<b>Sign and date</b>	
Liquidator's signature	Signature X  X	
Signature date	d 1 4 m 1 1 y 2 0 1 9	

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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	Brooke Overton-Yorke
Company name	Geoffrey Martin & Co
Address	15 Westferry Circus Canary Wharf
Post town	London
County/Region	
Postcode	E 1 4 4 H D
Country	
DX	info@geoffreymartin.co.uk
Telephone	020 7495 1100



## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)