

In accordance with
section 109 of the
Insolvency Act 1986

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



Companies House

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

1 Company details

Company number	0	6	5	0	4	4	8	7
Company name in full	SAFETY CULTURE ASSOCIATES LIMITED							

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

2 Liquidator's name

Full forename(s)	RONAN
Surname	DUFFY

3 Liquidator's address

Building name/number	35						
Street	TEMPLEMORE BUSINESS PARK						
Post town	DERRY						
County/Region	NORTHERN IRELAND						
Postcode	B	T	4	8	0	L	D
Country							

4 Liquidator's email address or telephone number ①

Email address	tkelly@mccambridgeduffy.com
Telephone number	02871377321

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	9	5	5	7			
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6		Liquidator's name ①	
Full forename(s)			
Surname			
		① Other Liquidator's details Use this section to tell us about another liquidator.	
7		Liquidator's address ②	
Building name/number			
Street			
Post town			
County/Region			
Postcode			
Country			
8		Liquidator's email address or telephone number ③	
Email address			
Telephone number			
		③ You must give an email address or telephone number. All information on this form will appear on the public record.	
9		Insolvency practitioner number	
Number			
10		Statement of appointment	
	I confirm the appointment of the liquidator(s) on		
Date	<div><div><div>d</div><div>2</div></div><div><div>d</div><div>2</div></div><div><div>m</div><div>0</div></div><div><div>m</div><div>3</div></div><div><div>y</div><div>2</div></div><div><div>y</div><div>0</div></div><div><div>y</div><div>2</div></div><div><div>y</div><div>3</div></div></div>		
11		Appointment details	
		The appointment was made by (Tick one)	
		<input checked="" type="checkbox"/> Company	
		<input type="checkbox"/> Creditors	
12		Type of liquidation	
		Tick to confirm the liquidation type	
		<input checked="" type="checkbox"/> Members	
		<input type="checkbox"/> Creditors	
13		Sign and date	
Liquidator's signature	<div>Signature</div> <div>X</div> <div>R. ASHBY</div> <div>X</div>		
Signature date	<div><div><div>d</div><div>2</div></div><div><div>d</div><div>2</div></div><div><div>m</div><div>0</div></div><div><div>m</div><div>3</div></div><div><div>y</div><div>2</div></div><div><div>y</div><div>0</div></div><div><div>y</div><div>2</div></div><div><div>y</div><div>3</div></div></div>		

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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 Trish Kelly

Company name McCambridge Duffy LLP

Address 35 Templemore Business Park

Post town Derry

County/Region Derry

Postcode B T 4 8 0 L D

Country Northern Ireland

DX

Telephone 02871 377321

**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