In accordance with section 109 of the Insolvency Act 1986

# 600

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

Companies House

MONDAY

*A8X2HØM9*
A19 20/01/2020 #133
COMPANIES HOUSE

### 1 Company details

| | |
|---|---|
| Company number | 0 6 8 7 6 5 0 8 |
| Company name in full | The West Essex Alcohol and Drugs Service |

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

### 2 Liquidator's name

| | |
|---|---|
| Full forename(s) | Nicholas W |
| Surname | Nicholson |

### 3 Liquidator's address

| | |
|---|---|
| Building name/number | Haslers |
| Street | Old Station Road |
| | |
| Post town | Loughton |
| County/Region | Essex |
| Postcode | I G 1 0 4 P L |
| Country | |

### 4 Liquidator's email address or telephone number ❶

| | |
|---|---|
| Email address | |
| Telephone number | 020 8418 3333 |

❶ 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 6 2 4 |

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## 6 Liquidator's name ❶

Full forename(s)

Surname

❶ **Other Liquidator's details**
Use this section to tell us about another liquidator.

## 7 Liquidator's address ❷

Building name/number

Street

Post town

County/Region

Postcode

Country

❷ **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.

## 8 Liquidator's email address or telephone number ❸

Email address

Telephone number

❸ 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 d 1 d 9 m 1 m 2 y 2 y 0 y 1 y 9

## 11 Appointment details

The appointment was made by
(Tick one)

☑ Company
☐ Creditors

## 12 Type of liquidation

Tick to confirm the liquidation type

☑ Members
☐ Creditors

## 13 Sign and date

Liquidator's signature

Signature

X X

Signature date d 2 d 3 m 1 m 2 y 2 y 0 y 1 y 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

Company name Haslers

Address Old Station Road

Loughton

Post town Essex

County/Region

Postcode I G 1 0 4 P L

Country

DX

Telephone 020 8418 3333

## 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