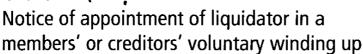
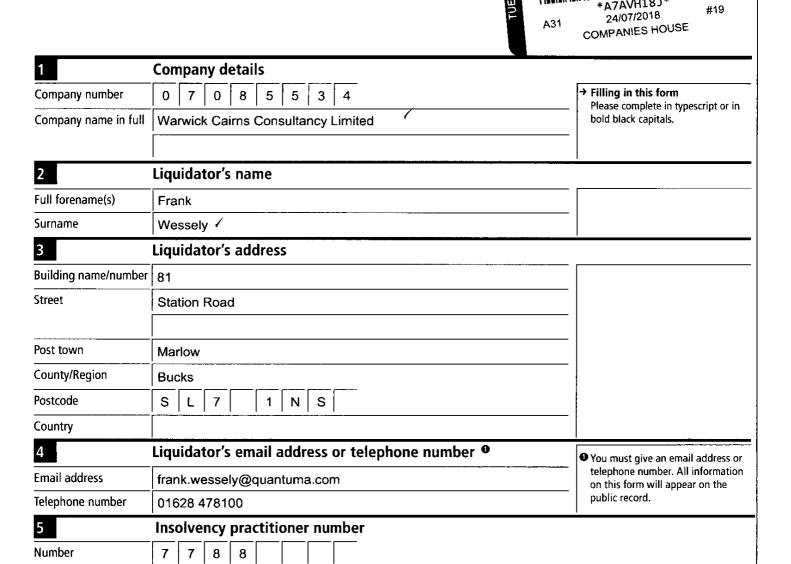
In accordance with section 109 of the Insolvency Act 1986 600







## 600

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

6	Liquidator's name <sup>©</sup>	· ·	
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
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 ®	You must give an email address or	
Email address		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	d 1         d 8         □ 0         □ 7         □ 7         □ 2         □ 0         □ 1         □ 8		
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  Language	×	
Signature date	$\begin{bmatrix} 1 \\ d \end{bmatrix} \begin{bmatrix} d \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 7 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 8 \end{bmatrix}$		
	, , , , , , , , , , , , , , , , , , , ,		