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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 7 2 0 5 7 6 6	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Hawk Computing Ltd	
2	Liquidator's name	
Full forename(s)	Mark Elijah Thomas	
Surname	Bowen	
3	Liquidator's address	
Building name/number	11 Roman Way	
Street	Berry Hill	
Post town	Droitwich Spa	
County/Region	Worcestershire	
Postcode	W R 9 9 A J	
Country		
4	Liquidator's email address or telephone number ^①	① You must give an email address or telephone number. All information on this form will appear on the public record
Email address		
Telephone number	01905 776771	
5	Insolvency practitioner number	
Number	8 7 1 1	

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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		
7	Liquidator's address [ⓐ]	
Building name/number		ⓐ 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.
Street		
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 public record
Telephone number		
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
I confirm the appointment of the liquidator(s) on		
Date	<div style="display: flex; justify-content: space-between;"> 1 1 0 2 2 0 2 1 </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 style="display: flex; align-items: center;"> X X </div>	
Signature date	<div style="display: flex; justify-content: space-between;"> 1 2 0 2 2 0 2 1 </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 **Thomas Bowen**

Company name **MB Insolvency**

Address **11 Roman Way**
Berry Hill

Post town **Droitwich Spa**

County/Region **Worcestershire**

Postcode **WR9 9AJ**

Country

EA **information@mb-i.co.uk**

Telephone **01905 776771**

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