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 **Company details** Filling in this form Company number 7 3 0 Please complete in typescript or in bold black capitals. Company name in full **RVM Assist Limited** Liquidator's name Phil Full forename(s) Surname Clark 3 Liquidator's address Building name/number Clark Business Recovery Limited Street 26 York Place Post town Leeds County/Region West Yorkshire Postcode S 1 2 Ε Country Liquidator's email address or telephone number • 1 You must give an email address or telephone number. All information **Email address** info@clarkbr.co.uk on this form will appear on the public record. Telephone number 0113 243 8617 Insolvency practitioner number Number

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6	Liquidator's name ⁰								
Full forename(s)	Dave	Other Liquidator's details Use this section to tell us about							
Surname	Clark	another liquidator.							
7	Liquidator's address o								
Building name/number	Clark Business Recovery Limited	Other Liquidator's details							
Street	26 York Place	Use this section to tell us about another liquidator. Use the							
		continuation page to tell us about more than two liquidators.							
Post town	Leeds								
County/Region	West Yorkshire								
Postcode	L S 1 2 E Y								
Country									
8	Liquidator's email address or telephone number [©]	● You must give an email address or							
Email address	info@clarkbr.co.uk	telephone number. All information on this form will appear on the							
Telephone number	0113 243 8617	public record.							
9	Insolvency practitioner number								
Number	9 5 6 5								
10	Statement of appointment								
	I confirm the appointment of the liquidator(s) on								
Date	d								
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/UU	X							
•									
Signature date	d 1 d 3 m 0 m 9 y 2 y 0 y 2 y 1								
(· · · · · · · · · · · · · · · · · · ·							

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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	Arch	nie S	cott							
Company name	[™] Clark Business Recovery Limited									
Address	26 York Place									
		-								
Post town	Leed	ls								
County/Region	ⁿ West Yorkshire									
Postcode		L	S	1		2	2	E	Y	
Country										
DX										
Telephone	0113	3 243	3 86°	17	•					

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.

7 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