In accordance with section 109 of the Insolvency Act 1986

## 600



## Companies House

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

**NEDNESDAY** 



er to

A19 19/07/2023 COMPANIES HOUSE

Company details → Filling in this form Company number 7 3 8 0 4 9 Please complete in typescript or in Company name in full bold black capitals. Ninetyone Consulting Limited Liquidator's name Full forename(s) Vincent Andrew Surname Simmons Liquidator's address Building name/number 7 Street St Petersgate Post town Stockport County/Region Cheshire Postcode K ΕÌ В Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 0161 476 9000 Insolvency practitioner number Number 8 9 8

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6	Liquidator's name <sup>0</sup>			
Full forename(s)		Other Liquidator's details Use this section to tell us about		
Surname		another liquidator.		
7	Liquidator's address 2			
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 <sup>©</sup>	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		٠		
10	Statement of appointment			
	I confirm the appointment of the liquidator(s) on			
Date	d     1     d     7 <td></td>			
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 VA S —	×		
Signature date	$\begin{bmatrix} d & 1 & 0 \end{bmatrix} \begin{bmatrix} d & 7 & 0 \end{bmatrix} $			

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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	Julie	e Bri	dget	t						
Company name	BV (	Corp	orat	e Re	co	/er	/ &	Ins	olve	ncy
Services Limited										
Address	7 St	Pete	ersga	ate						
Post town	Stoc	kpoi	t							
County/Region	Che	shire	;	•						
Postcode		s	K	1			1	E	В	
Country	_									
DX										
Telephone	016	1 476	900	00						

#### ✓ 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

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600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
 Country		
4	Liquidator's email address or telephone number	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number		