CHFP080

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

Please do not Write in this margin

Please complete legibly preferably

in black type or bold block lettering *Insert full name of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies		For official use		Company number
(Address Overleaf)				07399165
Name of Company				
* ASHFORD KNIGHT LIMITED				
Nature of Business				
Recruitment				
I/We give notice that I/We have been 18 September 2015	appointed liquidate	r(s) of the above con	ipany on	
The appointment was by Members and	d Creditors			
Type of liquidation Creditors				
Name of Liquidator Office holder number Address Address Saxon House Saxon Way Cheltenbar	nes se			
Signature	(10.5)2 0(1)	Date	21 Septemb	per 2015
Name of Liquidator Office holder number Address				
Signature		Date		
Presenter's name and address and reference (If any) ASHFO01 A J Findlay	For Official Us General Section			TINA ANNINA NI BIAN ILAN

Findlay James

Saxon House

Saxon Way Cheltenham GL52 6QX

Time Critical Reference



A09 24/09/2015 **COMPANIES HOUSE**