

600

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 4 4 6 1 0 2	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Andover Roofing, Cladding & Maintenance Ltd t/a Andover Roofing	
2	Liquidator's name	
Full forename(s)	Gordon	
Surname	Johnston	
3	Liquidator's address	
Building name/number	12/14 Carlton Place	
Street		
Post town	Southampton	
County/Region	Hampshire	
Postcode	S O 1 5 2 E A	
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	023 8023 4222	
5	Insolvency practitioner number	
Number	8 6 1 6	

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Shane		
Surname	Biddlecombe		
7	Liquidator's address ^②		② 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.
Building name/number	12/14 Carlton Place		
Street			
Post town	Southampton		
County/Region	Hampshire		
Postcode	S O 1 5 2 E A		
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address			
Telephone number	023 8023 4222		
9	Insolvency practitioner number		
Number	9 4 2 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 6 m 1 0 y 2 0 2 0		
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	Signature 		
Signature date	d 1 9 m 1 0 y 2 0 2 0		

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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

Carol Haines

Company name

HJS Recovery (UK) Ltd

Address

12/14 Carlton Place

Southampton

Post town

SO15 2EA

County/Region

Postcode

Country

DX

Telephone

023 8023 4222

**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