

600

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



Companies House

THURSDAY



A17 *A783RYE0* #287
14/06/2018
COMPANIES HOUSE

1 Company details

Company number 0 7 4 7 7 9 2 0

Company name in full Agriseeds Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals

2 Liquidator's name

Full forename(s) Steven

Surname Law

3 Liquidator's address

Building name/number Abbotsgate House

Street Hollow Road

Post town Bury St Edmunds

County/Region

Postcode I P 3 2 7 F A

Country

4 Liquidator's email address or telephone number ^①

Email address restructuring.bse@rsmuk.com

Telephone number 01284 763311

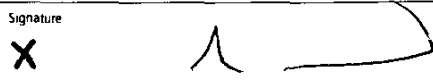
① You must give an email address or
telephone number. All information
on this form will appear on the
public record

5 Insolvency practitioner number

Number 8 7 2 7

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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)	Adrian		
Surname	Allen		
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	Suite A, 7th Floor		
Street	City Gate East Tollhouse Hill		
Post town	Nottingham		
County/Region			
Postcode	N G 1 5 F S		
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	restructuring.eastmidlands@rsmuk.com		
Telephone number	0115 9644 450		
9	Insolvency practitioner number		
Number	8 7 4 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	<div> <div>d</div> <div>0</div> <div>d</div> <div>5</div> <div>m</div> <div>0</div> <div>m</div> <div>6</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>8</div> </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	Signature 		
Signature date	<div> <div>d</div> <div>1</div> <div>d</div> <div>1</div> <div>m</div> <div>0</div> <div>m</div> <div>6</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>8</div> </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	Steven Law									
Company name	RSM Restructuring Advisory LLP									
Address	Abbotsgate House									
Post town	Bury St Edmunds									
County/Region										
Postcode	I	P	3	2		7	F	A		
Country										
DX										
Telephone	01284 763311									



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

600 - continuation page

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1 Company details

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

2 Liquidator's name

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

3 Liquidator's address

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

4 Liquidator's email address or telephone number ^①

Email address	<input type="text"/>	① You must give an email address or telephone number. All information on this form will appear on the public record
Telephone number	<input type="text"/>	

5 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>	
	<input type="text"/>	