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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details				
Company number	0 7 7 8 8 2 9 5	→ Filling in this form Please complete in typescript or in			
Company name in full	G Star Scaffolding (Rochdale) Limited	bold black capitals.			
2	Liquidator's name				
Full forename(s)	Gordon Allan Mart				
Surname	Simmonds				
3	Liquidator's address				
Building name/number	Crown House				
Street	217 Higher Hillgate				
Post town	Stockport				
County/Region	Cheshire				
Postcode	S K 1 3 R B				
Country					
4	Liquidator's email address or telephone number •	• You must give an email address or			
Email address	gordon@simmondsandco.com	telephone number. All information on this form will appear on the			
Telephone number	public record.				
5	Insolvency practitioner number				
Number	5 7 2 9				

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6	Liqui	idato	or's i	name	9	•									
Full forename(s)															Other Liquidator's details Use this section to tell us about another liquidator
Surname															
7	Liqui	idato	or's a	addre	ess										
Building name/number Street															Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us
Post town															about more than two liquidators.
County/Region															1
Postcode															J
Country		<u> </u>					1]
8	Liqui	idato	or's e	emai	l ad	dres	s or	tel	eph	one	n	um	ber		
Email address															You must give an email address or telephone number. All information on this form will appear on the
Telephone number															public record.
9	Inso	lven	су рі	ractit	ion	er n	uml	oer							
Number															
10	State	eme	nt of	арр	oin	tme	nt								
	Lcon	firm t	the ai	nnoint	tmei	nt of	the l	iauic	lator	(s) on	1				
Date	0	2		$\overline{}$			2	0	2	4]				
11	Liquidator's email address or telephone number Insolvency practitioner number Insolvency practitioner number Statement of appointment I confirm the appointment of the liquidator(s) on														
		Comp Credit	ors												
	The ap	point	tmen	t was	mad	le by									

12	Type of liquidation					
	☐ Members ✓ Creditors					
	Tick to confirm the liquidation type	I				
13	Sign and date					
Liquidator's signature	× Adenmarie X					
Signature date	Signature					

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

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.

Gordon A.M. Simmonds											
Simmonds & Company											
Crown House											
217 Higher Hillgate											
Stockport											
Cheshire											
Postcode	S	K	1		3	R	В				
DX											

0161 476 5445

✓ 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.
- $\ \square$ 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