

# 600

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



Companies House

FRIDAY



\*A8WUV780\*

A19

17/01/2020

#102

COMPANIES HOUSE

Refer to

### 1 Company details

Company number 0 7 8 5 1 8 9 9

Company name in full GEN4U Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Nicola

Surname Baker

### 3 Liquidator's address

Building name/number 3 Merchant's Quay

Street Ashley Lane

Post town Shipley

County/Region West Yorkshire

Postcode B D 1 7 7 D B

Country England

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address nbaker@rushtonsifs.co.uk

Telephone number 01274 598 585

<sup>①</sup> 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 1 5 8 5 2

600

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|                        |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6</b>               | <b>Liquidator's name <sup>①</sup></b>                                                                                                                                                                                                                                                                                                |  | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Full forename(s)       |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Surname                |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| <b>7</b>               | <b>Liquidator's address <sup>②</sup></b>                                                                                                                                                                                                                                                                                             |  | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number   |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Street                 |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
|                        |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Post town              |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| County/Region          |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Postcode               | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                         |  |                                                                                                                                                                    |
| Country                |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| <b>8</b>               | <b>Liquidator's email address or telephone number <sup>③</sup></b>                                                                                                                                                                                                                                                                   |  | <b>③ You must give an email address or telephone number.</b> All information on this form will appear on the public record.                                        |
| Email address          |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| Telephone number       |                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
| <b>9</b>               | <b>Insolvency practitioner number</b>                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                    |
| Number                 | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                         |  |                                                                                                                                                                    |
| <b>10</b>              | <b>Statement of appointment</b>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                    |
|                        | I confirm the appointment of the liquidator(s) on                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                    |
| Date                   | <div> <div> <div>d</div> <div>2</div> </div> <div> <div>d</div> <div>5</div> </div> <div> <div>m</div> <div>1</div> </div> <div> <div>m</div> <div>1</div> </div> <div> <div>y</div> <div>2</div> </div> <div> <div>y</div> <div>0</div> </div> <div> <div>y</div> <div>1</div> </div> <div> <div>y</div> <div>9</div> </div> </div> |  |                                                                                                                                                                    |
| <b>11</b>              | <b>Appointment details</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                    |
|                        | The appointment was made by<br>(Tick one)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Creditors                                                                                                                                                                                                                  |  |                                                                                                                                                                    |
| <b>12</b>              | <b>Type of liquidation</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                    |
|                        | Tick to confirm the liquidation type<br><input type="checkbox"/> Members<br><input checked="" type="checkbox"/> Creditors                                                                                                                                                                                                            |  |                                                                                                                                                                    |
| <b>13</b>              | <b>Sign and date</b>                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                    |
| Liquidator's signature | Signature<br><div> <div>X</div> <div></div> </div>                                                                                                                                                                                                |  | X                                                                                                                                                                  |
| Signature date         | <div> <div> <div>d</div> <div>1</div> </div> <div> <div>d</div> <div>5</div> </div> <div> <div>m</div> <div>0</div> </div> <div> <div>m</div> <div>1</div> </div> <div> <div>y</div> <div>2</div> </div> <div> <div>y</div> <div>0</div> </div> <div> <div>y</div> <div>2</div> </div> <div> <div>y</div> <div>0</div> </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  | Nicola Baker                |
| Company name  | Rushtons Insolvency Limited |
| Address       | 3 Merchants Quay            |
|               | Ahshley Lane                |
| Post town     | ShIPLEY                     |
| County/Region | West Yorkshire              |
| Postcode      | B D 1 7 7 D B               |
| Country       | England                     |
| DX            |                             |
| Telephone     | 01274 598 585               |



## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)