

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 9 1 6 8 5 8

Company name in full KINGFISHER GENERAL PARTNER LIMITED

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) LAURA MAY

Surname WATERS

3 Liquidator's address

Building name/number PwC

Street 7 MORE LONDON RIVERSIDE

Post town LONDON

County/Region

Postcode S E 1 2 R T

Country UK

4 Liquidator's email address or telephone number ^①

Email address laura.m.waters@pwc.com

Telephone number

^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 9 4 7 7

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6 Liquidator's name^①

Full forename(s)	STEVEN
Surname	SHERRY

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number	PwC
Street	7 MORE LONDON RIVERSIDE
Post town	LONDON
County/Region	
Postcode	S E 1 2 R T
Country	UK

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.

8 Liquidator's email address or telephone number^③

Email address	steven.a.sherry@pwc.com
Telephone number	

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number	1 9 7 5 2
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on	
Date	^d 1 ^d 8 ^m 0 ^m 9 ^y 2 ^y 0 ^y 2 ^y 3


11 Appointment details

<p>The appointment was made by (Tick one)</p> <p><input checked="" type="checkbox"/> Company</p> <p><input type="checkbox"/> Creditors</p>	
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12 Type of liquidation

<p>Tick to confirm the liquidation type</p> <p><input checked="" type="checkbox"/> Members</p> <p><input type="checkbox"/> Creditors</p>	
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13 Sign and date

Liquidator's signature	<p>Signature</p> <p>X </p>	X
Signature date	^d 2 ^d 1 ^m 0 ^m 9 ^y 2 ^y 0 ^y 2 ^y 3	

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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 **ZAHRA ABDUL-HUSSAIN**

Company name **PwC**

Address **ONE CHAMBERLAIN SQUARE**

Post town **BIRMINGHAM**

County/Region

Postcode

B 3 3 A X

Country

DX

Telephone



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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Full forename(s)

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Post town

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ^❶

Email address

Telephone number

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

5 Insolvency practitioner number

Insolvency practitioner
number