

600

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



Companies House

MONDAY



A05 *A90YRI43*

16/03/2020

#319

COMPANIES HOUSE

to

1 Company details

Company number 0 7 9 9 9 6 4 5

Company name in full SKL SAVINA LTD

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Amanda

Surname Wade

3 Liquidator's address

Building name/number 30

Street Finsbury Square

Post town London

County/Region London

Postcode E C 2 A 1 A G

Country England

4 Liquidator's email address or telephone number ^①

Email address amanda.wade@uk.gt.com

Telephone number 0207 865 2298

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 4 2

600

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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) | Richard John | | |
| Surname | Hicken | | |
| 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 | 30 | | |
| Street | Finsbury Square | | |
| Post town | London | | |
| County/Region | London | | |
| Postcode | E C 2 A 1 A G | | |
| Country | England | | |
| 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 | richard.j.hicken@uk.gt.com | | |
| Telephone number | 0207 865 2298 | | |
| 9 | Insolvency practitioner number | | |
| Number | 1 0 8 9 0 | | |
| 10 | Statement of appointment | | |
| | I confirm the appointment of the liquidator(s) on | | |
| Date | d 0 5 m 0 8 y 2 0 1 9 | | |
| 11 | Appointment details | | |
| | The appointment was made by (Tick one) | | |
| | <input type="checkbox"/> Company By Court Order dated 5 August 2019 | | |
| | <input type="checkbox"/> Creditors | | |
| 12 | Type of liquidation | | |
| | Tick to confirm the liquidation type | | |
| | <input type="checkbox"/> Members | | |
| | <input checked="" type="checkbox"/> Creditors | | |
| 13 | Sign and date | | |
| Liquidator's signature | Signature X  X | | |
| Signature date | d 0 6 m 0 3 y 2 0 1 9 | | |