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

A7LBXQ69

A7LBXQ69 22/12/2018 # COMPANIES HOUSE

Company details → Filling in this form Company number 8 2 6 5 6 Please complete in typescript or in bold black capitals. Company name in full FINANCIAL PROVISION SOLUTIONS LIMITED Liquidator's name Full forename(s) MANUBHAI GOVINDBHAI Surname **MISTRY** Liquidator's address Building name/number BELGRAVE PLACE Street 8 MANCHESTER ROAD Post town **BURY** County/Region **LANCASHIRE** Postcode B | L | 9 E D Country **ENGLAND** Liquidator's email address or telephone number • • You must give an email address or telephone number. All information Email address INFO@HORSFIELDS.COM on this form will appear on the public record. Telephone number 01617633183 Insolvency practitioner number Number 7 8 7

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6	Liquidator's name ⁰		
Full forename(s)	HEMAL	Other Liquidator's details Use this section to tell us about	
Surname	MISTRY	another liquidator.	
7	Liquidator's address •		
Building name/number	BELGRAVE PLACE	Other Liquidator's details Use this section to tell us about	
Street	8 MANCHESTER ROAD	another liquidator. Use the continuation page to tell us about	
		more than two liquidators.	
Post town	BURY		
County/Region	LANCASHIRE		
Postcode	B L 9 0 E D		
Country	ENGLAND		
8	Liquidator's email address or telephone number ©	■ You must give an email address or	
Email address	INFO@HORSFIELDS.COM	telephone number. All information on this form will appear on the	
Telephone number	01617633183	public record.	
9	Insolvency practitioner number		
Number	1 0 7 7 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	^u 1 ^d 7		
11	Appointment details		
	The appointment was made by (Tick one)		
	Company		
	□ Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	Members		
	☑ Creditors		
13	Sign and date		
Liquidator's signature	Signature N/N/N-		
	×	X	
Signature date	1 8 T 2 1/2 1/8		

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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	Hemal Mistry			
Company name	Horsfields			
Address	Belgrave Place			
8 Manchester Road				
Post town	Bury			
County/Region	Lancashire			
Postcode	B L 9 0 E D			
Country	England			
DX				
Telephone	01617633183			

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

In acc	ordano	e with
sectio	n 109	of the
insolv	ancy I	ct 1986

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the
-	Incolvency practitioner number	public record.
5 Insolvency practitioner	Insolvency practitioner number	
number		
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