In accordance with section 109 of the Insolvency Act 1986

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## Companies House

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

TURDAY



A14

21/11/2020 COMPANIES HOUSE #292

1	Company details	
Company number	0 8 3 3 8 8 6 9	→ Filling in this form  Please complete in typescript or in bold black capitals.
Company name in full	SLV INTL. LIMITED	
2	Liquidator's name	
Full forename(s)	PHILLIP ANTHONY	
Surname	ROBERTS	
3	Liquidator's address	
Building name/number	STERLING FORD	
Street	CENTURION COURT	
	83 CAMP ROAD	
Post town	ST ALBANS	
County/Region	HERTFORDSHIRE	
Postcode	ALI 5JN	
Country	UNITED KINGDOM	
4	Liquidator's email address or telephone number •	• You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	office@sterlingford.co.uk	
Telephone number	01727 811 161	
5	Insolvency practitioner number	
Number	6 0 5 5	

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6	Liquidator's name <sup>0</sup>	· · · · · · · · · · · · · · · · · · ·	
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address <sup>©</sup>		
Building name/number		Other Liquidator's details	
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town			
County/Region			
Postcode			
Country			
8	Liquidator's email address or telephone number €	address or telephone number   You must give an email address or	
Email address		telephone number. All information on this form will appear on the	
Telephone number		public record.	
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} d & 8 & \end{bmatrix} \begin{bmatrix} m & 1 & \end{bmatrix} \begin{bmatrix} m & 1 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$		
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 X	×	
Signature date	d 1 d 8 T 2 y 0 y 2 y 0		

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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. FEDAI EREN STERLING FORD Address **CENTURION COURT** 83 CAMP ROAD Post town ST ALBANS County/Region **HERTS** Postcode Α Country **UNITED KINGDOM** DX Telephone 01727 811 161 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

#### 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