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

Companies House

For further information, please refer to our guidance at www.gov.uk/companieshouse

1 Company details

Company number	0 8 4 7 2 2 2 4
Company name in full	MOBILE PHONE REPAIR CENTRE LIMITED

→ **Filling in this form**
Please complete in typescript or in bold black capitals.

2 Liquidator's name

Full forename(s)	KIERAN
Surname	BOURNE

3 Liquidator's address

Building name/number	5 MERCIA BUSINESS VILLAGE
Street	TORWOOD CLOSE
Post town	COVENTRY
County/Region	WEST MIDLANDS
Postcode	C V 4 8 H X
Country	UNITED KINGDOM

4 Liquidator's email address or telephone number ❶

Email address	info@cromwellinsolvency.co.uk
Telephone number	0800 061 4002

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

Number	1 9 0 1 2

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6 Liquidator's name ❶

Full forename(s)

Surname

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

7 Liquidator's address ❷

Building name/number

Street

Post town

County/Region

Postcode

Country

❷ **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 ❸

Email address

Telephone number

❸ 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

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date d1 d9 m0 m2 y2 y0 y2 y1

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

X

Signature date d2 d2 m0 m2 y2 y0 y2 y1

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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 KIERAN BOURNE

Company name CROMWELL INSOLVENCY LIMITED

Address 5 MERCIA BUSINESS VILLAGE

TORWOOD CLOSE

Post town COVENTRY

County/Region WEST MIDLANDS

Postcode C V 4 8 H X

Country UNITED KINGDOM

DX

Telephone 0800 061 4002

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