In accordance with section 109 of the Insolvency Act 1986

## 600



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

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

1	Company details	
Company number	0 8 6 7 9 3 0 6	Filling in this form  Please complete in typescript or in
Company name in full	Fatcat Suspension Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Claire Louise	
Surname	Foster	
3	Liquidator's address	
Building name/number	7 Jetstream Drive	
Street	Auckley	
Post town	Doncaster	
County/Region	South Yorkshire	MANAGE TO THE PARTY OF THE PART
Postcode	D N 9 3 Q S	
Country		
4	Liquidator's email 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	01302 965485	public record.
5	Insolvency practitioner number	
Number	9 4 2 3	

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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 @		
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 ©	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	$\begin{bmatrix} d \\ 3 \end{bmatrix} \begin{bmatrix} d \\ 0 \end{bmatrix} \begin{bmatrix} \ddot{0} \\ \ddot{0} \end{bmatrix} \begin{bmatrix} \ddot{3} \\ \ddot{3} \end{bmatrix} \begin{bmatrix} 2 \\ \ddot{0} \end{bmatrix} \begin{bmatrix} 2 \\ 2 \end{bmatrix} \begin{bmatrix} 2 \\ 2 \end{bmatrix}$		
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		
iquidator's signature	Signature X	×	
Signature date	$\begin{bmatrix} d \\ 3 \end{bmatrix} \begin{bmatrix} d \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 3 \end{bmatrix} \begin{bmatrix} y_2 \\ y_0 \end{bmatrix} \begin{bmatrix} y_2 \\ 2 \end{bmatrix} \begin{bmatrix} y_2 \\ 2 \end{bmatrix}$		

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#### **Presenter information**

Checklist

following:

with information missing.

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	Claire Louise Foster		
Company name	Revive Business Recovery		
	Limited		
Address	7 Jetstream Drive		
	Auckley		
Post town	Doncaster		
County/Region	South Yorkshire		
Postcode	D N 9 3 Q S		
Country			
DX			
Telephone	01302 965485		

We may return forms completed incorrectly or

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.

#### 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