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



Companies House

WEDNESDAY



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01/04/2020


#39

COMPANIES HOUSE

1	Company details	
Company number	0 9 0 1 2 3 4 7	Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Crieff Limited	
2	Liquidator's name	
Full forename(s)	Irvin	
Surname	Cohen	
3	Liquidator's address	
Building name/number	31st Floor	
Street	40 Bank Street	
Post town	London	
County/Region		
Postcode	E 1 4 5 N R	
Country		
4	Liquidator's email address or telephone number ^①	
Email address	london@btguk.com	
Telephone number	020 7516 1500	
5	Insolvency practitioner number	
Number	1 8 4 1 2	

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6	Liquidator's name^①	
Full forename(s)	Gary Paul	① Other Liquidator's details Use this section to tell us about another liquidator.
Surname	Shankland	
7	Liquidator's address^②	
Building name/number	31st Floor	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.
Street	40 Bank Street	
Post town	London	
County/Region		
Postcode	E 1 4 5 N R	
Country		
8	Liquidator's email address or telephone number^③	
Email address	london@btguk.com	③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	020 7516 1500	
9	Insolvency practitioner number	
Number	0 0 9 5 8 7	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	<div>d</div> 2 <div>d</div> 8 <div>m</div> 0 <div>m</div> 2 <div>y</div> 2 <div>y</div> 0 <div>y</div> 2 <div>y</div> 0	
11	Appointment details	
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature X  X	
Signature date	<div>d</div> 0 <div>d</div> 4 <div>m</div> 0 <div>m</div> 3 <div>y</div> 2 <div>y</div> 0 <div>y</div> 2 <div>y</div> 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.

Contact name

Megan Campbell

Company name

Begbies Traynor (London) LLP

Address

31st Floor

40 Bank Street

Post town

London

County/Region

Postcode

E 1 4 5 N R

Country

DX

Telephone

020 7516 1500

**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