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

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

1	Company details		
Company number	0 9 4 4 9 1 8 2	→ Filling in this form	
Company name in full	Dean Watts Heating Solutions Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	Gary		
Surname	Birchall		
3	Liquidator's address		
Building name/number	Skull House Lane		
Street	Appley Bridge		
Post town	Wigan		
County/Region			
Postcode	WN69DW		
Country			
4	Liquidator's email address or telephone number • • • You must give an email		
Email address		telephone number. All information on this form will appear on the public record.	
Telephone number	01257 257030		
5	Insolvency practitioner number		
Number	9 7 2 5		

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6	Liquidator's name [©]	
Full forename(s)	Jane	Other Liquidator's details Use this restor to tell use should
Surname	Hardy, MIPA, MABRP	Use this section to tell us about another liquidator.
7	Liquidator's address ⁹	
Building name/number	Skull House Lane	Other Liquidator's details
Street	Appley Bridge	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	Wigan	
County/Region		
Postcode	W N 6 9 D W	
Country		
8	Liquidator's email address or telephone number [®]	
Email address		telephone number. All information on this form will appear on the
Telephone number	01257 257030	public record.
9	Insolvency practitioner number	
Number	9 3 8 4	
10	Statement of appointment	· · · · · · · · · · · · · · · · · · ·
	I confirm the appointment of the liquidator(s) on	
Date	3 0 0 3 2 0 2 1	
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	X /	×
Signature date	3 0 0 3 2 0 2 1	

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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.

Fourtact name	Gary Birchall, MIPA, FABRP	
Tomshey Name	Debtfocus	
Address	Skull House Lane	
	Appley Bridge	
neo' tace	Wigan	
County Region		
Post, ode	W N 6 9 D W	
Country		
ЭX		
le ephany	01257 257030	

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.

7 Further information

For further information piease 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