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

*A78YEZGI

to

A78YEZGI A12 27/06/2018 COMPANIES HOUSE ___

1	Company details	
Company number	0 9 6 5 2 4 7 7	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	RAEBURN LIMITED	
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	UK	
4	Liquidator's email address or telephone number •	You must give an email address o telephone number. All information on this form will appear on the public record.
Email address	info@cromwellinsolvency.co.uk	
Telephone number	0800 061 4002	
5	Insolvency practitioner number	···
Number	1 9 0 1 2	

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6	Liquidator's name [©]		
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	d2 d5 m0 m6 m6 y2 y0 y1 y8		
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	$\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 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.

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	UK			
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