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 9 8 2 0 5 3 6	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	CAPITAL CONSTRUCTION GROUP LTD	
2	Liquidator's name	
Full forename(s)	HARJINDER	
Surname	JOHAL	
3	Liquidator's address	
Building name/number	601	
Street	HIGH ROAD LEYTONSTONE	
Post town	LONDON	
County/Region		
Postcode	E 1 1 4 P A	
Country		
4 Liquidator's email address or telephone number •		• You must give an email address o
Email address	h.johal@ashcrofts.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	020 8556 2888	
5	Insolvency practitioner number	
Number	9 1 7 5	

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6	Liquidator's name •		
Full forename(s)	GEORGE	• Other Liquidator's details	
Surname	MICHAEL	Use this section to tell us about another liquidator.	
7	Liquidator's address @		
Building name/numbe	601	② Other Liquidator's details	
Street	HIGH ROAD LEYTONSTONE	Use this section to tell us about another liquidator. Use the	
		continuation page to tell us about more than two liquidators.	
Post town	LONDON		
County/Region			
Postcode	E 1 1 4 P A		
Country			
8	Liquidator's email address or telephone number ■ You must give an email address		
Email address	g.michael@ashcrofts.co.uk	You must give an email address or telephone number. All information	
Telephone number	020 8556 2888	on this form will appear on the public record.	
9	Insolvency practitioner number		
Number	9 2 3 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		
11	Appointment details		
	The appointment was made by		
	(Tick one) Company		
	☑ Creditors		
12	Type of liquidation	<u>'</u>	
	Tick to confirm the liquidation type		
	☐ Members		
	☑ Creditors	:	
13	Sign and date		
Liquidator's signature	Signature		
,	X July	X	
Clause de la companya	d d		
Signature date	$\begin{bmatrix} 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 3 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1 & 1 &$		

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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 Company name **ASHCROFTS** Address 601 HIGH ROAD LEYTONSTONE Post town LONDON County/Region Postcode Ε 1 1 Country Telephone 020 8556 2888 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 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