

600

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



Companies House

TUESDAY



AA4QFYAW

A09

18/05/2021

#334

COMPANIES HOUSE

1 Company details

Company number 0 9 9 3 5 7 7 7

Company name in full 1520 Consulting Limited

→ Filling in this form

Please complete in typescript or in bold black capitals.

2 Liquidator's name

Full forename(s) Linda

Surname Golding

3 Liquidator's address

Building name/number 9 Ensign House

Street Admirals Way

Post town Marsh Wall

County/Region London

Postcode E 1 4 9 X Q

Country

4 Liquidator's email address or telephone number ¹

Email address

Telephone number 020 7538 2222

¹ You must give an email address or telephone number. All information on this form will appear on the public record.

5 Insolvency practitioner number

Number 1 0 2 5 4



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6 Liquidator's name ¹

Full forename(s)

Surname

1 Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address ²

Building name/number

Street

Post town

County/Region

Postcode

Country

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.

8 Liquidator's email address or telephone number ³

Email address

Telephone number

3 You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	0	d	7	m	0	m	5	y	2	y	0	y	2	y	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

Signature

X



X

Signature date

d	1	d	4	m	0	m	5	y	2	y	0	y	2	y	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 **S F P**

Address **9 Ensign House**

Admirals Way

Post town **Marsh Wall**

County/Region **London**

Postcode **E 1 4 9 X Q**

Country

DX

Telephone **020 7538 2222**

 **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