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 **Company details** → Filling in this form Company number Please complete in typescript or in bold black capitals. Company name in full Merlin Contracting Services Ltd Liquidator's name Richard Full forename(s) Surname Hunt Liquidator's address Building name/number 9 Ensign House Street **Admirals Way** Post town Marsh Wall County/Region London 9 $X \mid Q$ Postcode Country Liquidator's email address or telephone number • 1 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 020 7538 2222 Insolvency practitioner number Number

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| 6 | Liquidator's name ⁰ | | |
|------------------------|---|--|--|
| Full forename(s) | | Other Liquidator's details Use this section to tell us about another liquidator. | |
| Surname | | | |
| 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 o | 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 . | 1 3 0 8 2 0 2 0 | | |
| 11 | Appointment details | | |
| | The appointment was made by (Tick one) ☐ Company ☐ Creditors | | |
| 12 | Type of liquidation | 1 | |
| | Tick to confirm the liquidation type | | |
| | ✓ Members | | |
| | □ Creditors | | |
| 13 | Sign and date | | |
| Liquidator's signature | X / X | | |
| Signature date | $\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$ | | |
| | | | |

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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 SFP Address 9 Ensign House **Admirals Way** Post town Marsh Wall County/Region London Postcode Ε Country 020 7538 2222 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register. You have signed and dated the form.

following:

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