



In accordance with  
section 109 of the  
Insolvency Act 1986

600

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



Companies House

WEDNESDAY



\*AC8KASQR\*

A03

26/07/2023

#57

COMPANIES HOUSE

1

Company details

Company number 1 0 5 7 3 0 8 9

Company name in full AA Creative Ltd

→ Filling in this form  
Please complete in typescript or in  
bold black capitals.

2

Liquidator's name

Full forename(s) Simon

Surname Weir

3

Liquidator's address

Building name/number 2 Lakeside

Street Calder Island Way

Post town Wakefield

County/Region West Yorkshire

Postcode WF 2 7 A W

Country

4

Liquidator's email address or telephone number <sup>①</sup>

Email address info @ dsinsol. com

Telephone number 01924 790 880

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 9 0 9 9

600

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<b>6 Liquidator's name<sup>①</sup></b>																	
Full forename(s)																	
Surname																	
<b>7 Liquidator's address<sup>②</sup></b>																	
Building name/number																	
Street																	
Post town																	
County/Region																	
Postcode																	
Country																	
<b>8 Liquidator's email address or telephone number<sup>③</sup></b>																	
Email address																	
Telephone number																	
<b>9 Insolvency practitioner number</b>																	
Number																	
<b>10 Statement of appointment</b>																	
I confirm the appointment of the liquidator(s) on																	
Date	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>2</td><td>5</td><td>0</td><td>7</td><td>2</td><td>0</td><td>2</td><td>3</td></tr></table>	d	d	m	m	y	y	y	y	2	5	0	7	2	0	2	3
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2	5	0	7	2	0	2	3										
<b>11 Appointment details</b>																	
The appointment was made by (Tick one)																	
<input type="checkbox"/> Company																	
<input checked="" type="checkbox"/> Creditors																	
<b>12 Type of liquidation</b>																	
Tick to confirm the liquidation type																	
<input type="checkbox"/> Members																	
<input checked="" type="checkbox"/> Creditors																	
<b>13 Sign and date</b>																	
Liquidator's signature	<table border="1"><tr><td>Signature</td><td></td></tr><tr><td>X</td><td><i>litv</i></td></tr><tr><td></td><td>X</td></tr></table>	Signature		X	<i>litv</i>		X										
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d	d	m	m	y	y	y	y										
2	5	0	7	2	0	2	3										

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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	Tom Riordan
Company name	DS Insolvency Limited
Address	2 Lakeside Calder Island Way
Post town	Wakefield
County/Region	West Yorkshire
Postcode	W F 2 7 A W
Country	
DX	
Telephone	

**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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)