In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details					
Company number	1 0 7 6 4 9 6 8	→ Filling in this form Please complete in typescript or in				
Company name in full	FLETCHER TM LIMITED	bold black capitals.				
2	Liquidator's name					
-ull forename(s)	Victoria Louise					
Surname	Galbraith					
3	Liquidator's address					
Building name/number	Bridgestones	***************************************				
Street	125/127 Union Street					
Post town	Oldham					
County/Region						
Postcode	0 L 1 1 T E					
Country						
4 :	Liquidator's email address or telephone number •	• You must give an email address of				
Email address	mail@bridgestones.co.uk telephone number. All ir on this form will appear					
Telephone number	0161 785 3700	public record.				
5	Insolvency practitioner number					
Number	1 2 4 7 0					

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

6	Liquidator's name ¹⁰							
Full forename(s)		Other Liquidator's details Use this section to tell us about						
Surname		another liquidator,						
7	Liquidator's address ❷							
Building name/number		O 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 6	You must give an email address of						
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	$\begin{bmatrix} d_2 & d_5 \end{bmatrix}$ $\begin{bmatrix} m_0 & m_5 \end{bmatrix}$ $\begin{bmatrix} y_2 & y_0 & y_2 & y_1 \end{bmatrix}$							
11	Appointment details							
	The appointment was made by (Tick one) Company Company Coreditors							
12	Type of liquidation							
	Tick to confirm the liquidation type ☐ Members ☐ Creditors							
13	Sign and date							
Liquidator's signature	× VXIIIDVCLUM	×						
Signature date	26 05 7021	İ						

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

Presenter information You do not have to give any conta you do it will help Companies Hou

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	Victo	ria (Galb	raith	1				,
Company name	Bridg	gesto	ones	}					
Address	125/	127	Unic	n S	treet				
					ĺ				
Post town	Oldh	am							
County/Region									
Postcode		0	L	1		1	T	E	
Country									*****
DX					-,y				
Telephone	0161	785	370	00					

✓ 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

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600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Compa	any c	deta	ils				
Company number								
Company name in full			,					
2	Liquid.	ator'	's na	me				
Full forename(s)								
Surname								
3	Liquid	ator'	's ac	ldre	SS			
Building name/number								
Street		,						
Post town								_
County/Region								
Postcode					<u> </u>			
Country					, , , , , , , , ,		1	—
4	Liquid	ator	's en	nail	add	ess	or telephone number •	
Email address								• You must give an emall address or
Telephone number		<u> </u>						telephone number. All information on this form will appear on the public record.
5	Insolv	ency	pra	ctiti	onei	nur	nber	
Insolvency practitioner number								