In accordance with section 109 of the Insolven Ct 1986



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

A28 23/05/2018 **COMPANIES HOUSE** 

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03/05/2018 #87

COMPANIES HOUSE

Company details → Filling in this form Company number 8 0 3 Please complete in typescript or in Company name in full SURAKARTA LIMITED bold black capitals. Liquidator's name Full forename(s) **JONATHAN** Surname SINCLAIR > Liquidator's address Building name/number 46 Street **VIVIAN AVENUE HENDON CENTRAL** Post town LONDON County/Region Postcode Ν W 3 Р 4 Χ Country UK Liquidator's email address or telephone number • 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 8203 3344 Insolvency practitioner number Number

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6	Liquidator's name <sup>0</sup>	
Full forename(s)	N/A	Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ®	
Building name/numbe	N/A	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 <sup>⑤</sup> You must give an email.	
Email address	N/A	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 >	3 0 4 2 0 1 8	
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	<u> </u>
Liquidator's signature	Signature	
	X Samea	X
Signature date	$\begin{bmatrix} d & 2 & 0 \end{bmatrix} \begin{bmatrix} d & 3 & 0 \end{bmatrix} \begin{bmatrix} m & 0 & 0 \end{bmatrix} \begin{bmatrix} m & 4 & 0 \end{bmatrix} \begin{bmatrix} y & 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} y & 1 & 0 & 0 \end{bmatrix} \begin{bmatrix} y & 8 & 0 & 0 \end{bmatrix}$	

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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	JONATHAN SINCLAIR		
Company name	SINCLAIR HARRIS		
Address	46 VIVAIAN AVENUE		
HENDON CENTRAL			
	100		
Post town	LONDON		
County/Region			
Postcode	N W 4 3 X P		
Country	UK		
DX			
Telephone	020 8203 3344		

## ✓ 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.

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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