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



Companies House

SATURDAY



\*A8FWER02\*

A15

12/10/2019

#163

COMPANIES HOUSE

### 1 Company details

Company number 1 1 4 2 6 1 6 5

Company name in full D & C Golf Limited

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

### 2 Liquidator's name

Full forename(s) Robert

Surname Day

### 3 Liquidator's address

Building name/number Robert Day and Company Limited

Street The Old Library

The Walk

Post town Winslow

County/Region Buckingham

Postcode M K 1 8 3 A J

Country

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

Email address mail@robertday.biz

Telephone number 0845 226 7331

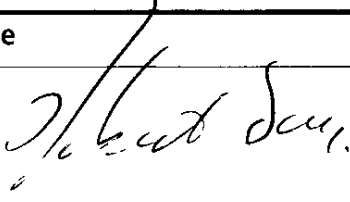
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 9 1 4 2

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<b>6</b>	<b>Liquidator's name<sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	Lee James		
Surname	Cotton		
<b>7</b>	<b>Liquidator's address<sup>②</sup></b>		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	Robert Day and Company Limited		
Street	The Old Library The Walk		
Post town	Winslow		
County/Region	Buckingham		
Postcode	M K 1 8 3 A J		
Country			
<b>8</b>	<b>Liquidator's email address or telephone number<sup>③</sup></b>		<b>③ You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Email address	mail@robertday.biz		
Telephone number	0845 226 7331		
<b>9</b>	<b>Insolvency practitioner number</b>		
Number	9 6 1 0		
<b>10</b>	<b>Statement of appointment</b>		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 0 m 1 m 0 y 2 y 0 y 1 y 9		
<b>11</b>	<b>Appointment details</b>		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company		
	<input checked="" type="checkbox"/> Creditors		
<b>12</b>	<b>Type of liquidation</b>		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members		
	<input checked="" type="checkbox"/> Creditors		
<b>13</b>	<b>Sign and date</b>		
Liquidator's signature	Signature X  X		
Signature date	d 1 d 1 m 1 m 0 y 2 y 0 y 1 y 9		

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voluntary winding up

**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

Robert Day and Company Limited

Address

Post town

County/Region

Postcode

Country

DX

Telephone

0845 226 7331

**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)**