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



Companies House

SATURDAY



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11/05/2019

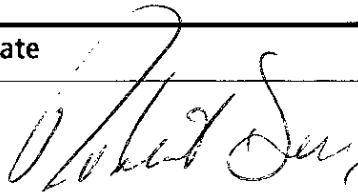
#3

COMPANIES HOUSE

1	Company details	
Company number	1 1 5 9 3 9 4 4	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	BESPOKE PRINT SOLUTIONS LTD - IN LIQUIDATION	
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 ^①	
Email address	mail@robertday.biz	① You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	0845 226 7331	
5	Insolvency practitioner number	
Number	9 1 4 2	

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6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Lee James		
Surname	Cotton		
7	Liquidator's address^②		② Other Liquidator's details 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			
8	Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	mail@robertday.biz		
Telephone number	0845 226 7331		
9	Insolvency practitioner number		
Number	9 6 1 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 6 m 0 m 4 y 2 y 0 y 1 y 9		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company		
	<input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members		
	<input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	d 1 d 7 m 0 m 4 y 2 y 0 y 1 y 9		

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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 **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 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