In accordance with section 109 of the Insolvency Act 1986

## 600



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



17/09/2019 COMPANIES HOUSE

1	Company details		
Company number	1 1 6 1 2 1 5 1	Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	NORTHUMBERLAND HERITAGE LTD T/A PANDA		
	COFFEE		
2	Liquidator's name	<u></u>	
Full forename(s)	Alisdair J		
Surname	Findlay	_	
3	Liquidator's address	<u>-</u>	
Building name/number	Saxon House		
Street	Saxon Way	<del></del>	
		_	
Post town	Cheltenham		
County/Region			
Postcode	G L 5 2 6 Q X		
Country		_	
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address		telephone number. All information on this form will appear on the public record.	
Telephone number	01242 576555		
5	Insolvency practitioner number	······································	
Number	0 0 8 7 4 4		

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6	Liquidator's name <sup>10</sup>		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address o		
Building name/number		Other Liquidator's details	
Street		<ul> <li>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.</li> </ul>	
Post town		_	
County/Region			
Postcode			
Country			
8 Liquidator's email address or telephone number ® You must giv		You must give an email address or	
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			
11	Appointment details		
	The appointment was made by (Tick one)  ☑ Company ☐ Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type  ☐ Members ☑ Creditors		
13	Sign and date		
Liquidator's signature	Signature X	×	
Signature date			