In accordance with section 109 of the Insolvency Act 1986

## 600



# 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

Company name in full    Liquidator's name  Full forename(s)    CHRISTOPHER DAVID  Surname   HORNER  Liquidator's address  Building name/number   ROBSON SCOTT ASSOCIA  Street   49 DUKE STREET  Post town   DARLINGTON  County/Region   CO. DURHAM  Postcode   D L 3 7 S C  Country		→ Filling in this form Please complete in typescript or in bold black capitals.
Liquidator's name  Full forename(s) CHRISTOPHER DAVID  Surname HORNER  Liquidator's address  Building name/number ROBSON SCOTT ASSOCIA  Street 49 DUKE STREET  Post town DARLINGTON  County/Region CO. DURHAM  Postcode D L 3 7 S C  Country	OCIATES	
Full forename(s)  CHRISTOPHER DAVID  Surname  HORNER  Liquidator's address  Building name/number  ROBSON SCOTT ASSOCIA  Street  49 DUKE STREET  Post town  DARLINGTON  County/Region  CO. DURHAM  Postcode  D L 3 7 S C  Country		
Full forename(s)  CHRISTOPHER DAVID  Surname  HORNER  Liquidator's address  Building name/number  ROBSON SCOTT ASSOCIA  Street  49 DUKE STREET  Post town  DARLINGTON  County/Region  CO. DURHAM  Postcode  D L 3 7 S C  Country		
Surname HORNER  Liquidator's address  Building name/number ROBSON SCOTT ASSOCIA  Street 49 DUKE STREET  Post town DARLINGTON  County/Region CO. DURHAM  Postcode D L 3 7 S C  Country		
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County/Region         CO. DURHAM           Postcode         D L 3 7 S [           Country         Country	D	
County/Region         CO. DURHAM           Postcode         D L 3 7 S [           Country         Country	D	
Postcode D L 3 7 S C	D	
Country	D	
4 Liquidator's email addres		
	ress or telephone number •	• You must give an email address or
Email address admin@robsonscott.co.uk	ık	telephone number. All information on this form will appear on the
Telephone number 01325 365 950		public record.
5 Insolvency practitioner n	r number	
Number 1 6 1 5 0		

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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 another liquidator.	
Surname			
7	Liquidator's address @		
Building name/number		Other Liquidator's details Use this section to tell us about	
Street		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 €	<b>③</b> 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	$ \begin{bmatrix} \frac{1}{2} & \frac{1}{6} & & \frac{1}{8} & & \frac{1}{2} & \frac{1}{9} & \frac{1}{9}$		
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	X X		
 Signature date	$\begin{bmatrix} d & d & d \end{bmatrix} \begin{bmatrix} d & d & d \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	Daniel Harrison
Company name	Robson Scott Associates
Address	49 Duke Street
Post town	Darlington
County/Region	Co. Durham
Postcode	D L 3 7 S D
Country	
DX	
Telephone	01325 365 950

### ✓ 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.
- $\square$  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.

### *i* 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	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	_
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	pasiic recordi
Insolvency practitioner		
number		