

600

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



Companies House

THURSDAY



A8EBOLEG

A18

19/09/2019

#404

COMPANIES HOUSE

1 Company details

Company number

Company name in full

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

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 ^①

Email address

Telephone number

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

600

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6 Liquidator's name^①

Full forename(s)

Nicola J

Surname

Meadows

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number

15 Colmore Row

Street

Birmingham

Post town

B3 2BH

County/Region

Postcode

Country

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.

8 Liquidator's email address or telephone number^③

Email address

Telephone number

0121 200 7900

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number

0 0 9 1 8 4

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	1	d	2	m	0	m	9	y	2	y	0	y	1	y	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

Signature

X *MT Meadows* X

Signature date

d	1	d	6	m	0	m	9	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

Dains Business Recovery Limited

Address

15 Colmore Row

Birmingham

Post town

B3 2BH

County/Region

Postcode

Country

DX

Telephone

0121 200 7900

**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