In accordance with section 109 of the Insolvency Act 1986

600
Notice of appointment of liquidator in a members’ or creditors’ voluntary winding up

<table>
<thead>
<tr>
<th>Company details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company number</td>
</tr>
<tr>
<td>Company name in full</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquidator’s name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full forename(s)</td>
</tr>
<tr>
<td>Surname</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquidator’s address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building name/number</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>Post town</td>
</tr>
<tr>
<td>County/Region</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Country</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquidator’s email address or telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Telephone number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insolvency practitioner number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
</tbody>
</table>
600
Notice of appointment of liquidator in a members’ or creditors’ voluntary winding up

6. Liquidator’s name
   Full forename(s) .................................................................
   Surname ........................................................................

7. Liquidator’s address
   Building name/number ......................................................
   Street ..............................................................................
   Post town ........................................................................
   County/Region ................................................................
   Postcode .........................................................................
   Country ...........................................................................

8. Liquidator’s email address or telephone number
   Email address ....................................................................
   Telephone number ............................................................

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 date
    Signature date

   Signature
   Signature date
Notice of appointment of liquidator in a members’ or creditors’ 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**: KIERAN BOURNE
- **Company name**: CROMWELL INSOLVENCY LIMITED
- **Address**: 5 MERCIA BUSINESS VILLAGE, TORWOOD CLOSE
- **Post town**: COVENTRY
- **County/Region**: WEST MIDLANDS
- **Postcode**: CV4 8HX
- **Country**: UNITED KINGDOM
- **Telephone**: 0800 061 4002

**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

**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.