

COM1

Notice of establishment of creditors' or liquidation committee



Companies House

THURSDAY



A18 *A87IIIWY* #97
13/06/2019
COMPANIES HOUSE

Part A Company and office holder's details

A1 Company details

Company number 0 8 6 6 2 1 2 0

Company name in full Arch Hall Limited

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

A2 Office holder's name

Full forename(s) Alan

Surname Fallows

A3 Office holder's address

Building name/number 1 City Road East

Street Manchester

Post town

County/Region

Postcode M 1 5 4 P N

Country

A4 Office holder's position

Please tick as applicable:

- Liquidator
- Administrator
- Administrative receiver

Continuation page

Name and address of insolvency practitioner

✓ **What this form is for**
 Use this continuation page to tell us about another insolvency practitioner where more than 2 are already jointly appointed. Attach this to the relevant form. ❶
 Use extra copies to tell us of additional insolvency practitioners.

✗ **What this form is NOT for**
 You can't use this continuation page to tell us about an appointment, resignation, removal or vacation of office.

→ **Filling in this form**
 Please complete in typescript or in bold black capitals.
 All fields are mandatory unless specified or indicated by *

1 Appointment type

Tick to show the nature of the appointment:

- Administrator
- Administrative receiver
- Receiver
- Manager
- Nominee
- Supervisor
- Liquidator
- Provisional liquidator

❶ You can use this continuation page with the following forms:

- VAM1, VAM2, VAM3, VAM4, VAM6, VAM7
- CVA1, CVA3, CVA4
- AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25
- REC1, REC2, REC3
- LIQ2, LIQ3, LIQ05, LIQ13, LIQ14,
- WU07, WU15
- COM1, COM2, COM3, COM4
- NDISC

2 Insolvency practitioner's name

Full forename(s) **Alessandro**

Surname **Sidoli**

3 Insolvency practitioner's address

Building name/number **1 City Road East**

Street **Manchester**

Post town

County/Region

Postcode **M 1 5 4 P N**

Country

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A2 Office holder's name ①

Full forename(s) Peter James
Surname Anderson

① Other office holder
Use this section to tell us about another office holder.

A3 Office holder's address ②

Building name/number 1 City Road East
Street Manchester
Post town
County/Region
Postcode M 1 5 4 P N
Country

② Other office holder
Use this section to tell us about another office holder.

A4 Office holder's position ③

Please tick as applicable:

- Liquidator
 Administrator
 Administrative receiver

③ Other office holder
Use this section to tell us about another office holder.

Part B Committee

Show the details of committee members who are individuals

Individual member

B1 Member name

Full forename(s) ANDREW
Surname ALLCOCK

B2 Member address

Building name/number SA
Street GRANARY WAY
Post town SALE
County/Region
Postcode M 3 3 4 9 F
Country

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Individual member

B1		Member name	
Full forename(s)	CHRISTOPHER		
Surname	O'HARE		

B2		Member address	
Building name/number	54		
Street	BANKS LANE		
Post town	STOCKPORT		
County/Region			
Postcode	S K 1 - 4 J X		
Country			

Individual member

B1		Member name	
Full forename(s)	DANYELLE		
Surname	LYNCH		

B2		Member address	
Building name/number	2, BBAN COURT		
Street	20 DOLLAM LANE		
Post town	WARRINGTON		
County/Region			
Postcode	W A 2 - 7 N Q		
Country			

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Individual member

B1 Member name	
Full forename(s)	EAMES
Surname	BOYD

B2 Member address	
Building name/number	117
Street	BEACH ROAD
Post town	HALTFOLD
County/Region	
Postcode	CW8-3AB
Country	

Individual member

B1 Member name	
Full forename(s)	MARK
Surname	WHITTELL

B2 Member address	
Building name/number	53
Street	KING STREET
Post town	MANCHESTER
County/Region	
Postcode	M2-4LQ
Country	

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B4

Constitution of committee

The committee has been duly constituted.

Part C

Signature

C1

Sign and date

Office holder's signature

Signature

X  X

Signature date

^d	^m	^y ₂	^y ₀	^y ₁	^y ₉		
1	1	0	6	2	0	1	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 **Lindsay Moore**

Company name **Kay Johnson Gee Corporate Recovery Limited**

Address **1 City Road East
Manchester**

Post town

County/Region

Postcode **M 1 5 4 P N**

Country

DX

Telephone **0161 832 6221**

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 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