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



Companies House

WEDNESDAY



A08 *A81ML6BC* #256
20/03/2019
COMPANIES HOUSE

1 Company details

Company number 0 1 3 6 2 8 9 9

Company name in full Citisigns Limited

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

2 Liquidator's name

Full forename(s) Gareth Graham

Surname Self

3 Liquidator's address

Building name/number 18 Bridge Business Centre

Street Beresford Way

Post town Chesterfield

County/Region

Postcode S 4 1 9 F G

Country

4 Liquidator's email address or telephone number ^①

Email address garethself@restartbti.co.uk

Telephone number 03333 444 995

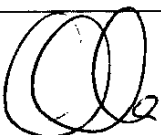
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 7 0 6

600

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
	Full forename(s)		
	Surname		
7	Liquidator's address ^②		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.
	Building name/number		
	Street		
	Post town		
	County/Region		
	Postcode		
	Country		
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
	Email address		
	Telephone number		
9	Insolvency practitioner number		
	Number		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
	Date	<div> <div>d</div> <div>1</div> <div>d</div> <div>3</div> <div>m</div> <div>0</div> <div>m</div> <div>3</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>	
11	Appointment details		
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors		
13	Sign and date		
	Liquidator's signature	Signature 	
	Signature date	<div> <div>d</div> <div>1</div> <div>d</div> <div>5</div> <div>m</div> <div>0</div> <div>m</div> <div>3</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>1</div> <div>y</div> <div>9</div> </div>	

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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 **Nathalie Makarem**

Company name **Restart Business Turnaround and Insolvency Limited**

Address **18 Bridge Business Centre
Beresford Way**

Post town **Chesterfield**

County/Region

Postcode **S 4 1 9 F G**

Country

DX

Telephone **03333 444 995**



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