In accordance with section 109 of the Insolvency Act 1986

600

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



WEDNESDAY



A10 14/02/2018

COMPANIES HOUSE

#186

1	Company details	
Company number	0 1 4 6 4 7 3 5	→ Filling in this form Please complete in typescript or in
Company name in full	AMIN SONS AND COMPANY LIMITED	bold black capitals.
		_
2	Liquidator's name	
Full forename(s)	Mrs Eileen Theresa Frances	
Surname	Sale	
3	Liquidator's address	
Building name/number	Inducta House	
Street	Fryers Road	
	Bloxwich	
Post town	Walsall	
County/Region	West Midlands	
Postcode	W S 2 7 L Z	
Country		_
4 Liquidator's email address or telephone number •		• You must give an email address or
Email address	admin@salesmith.demon.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	01922 624777	
5	Insolvency practitioner number	
Number	8 7 3 8	

600

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6	Liquidator's name [©]	· · · · · · · · · · · · · · · · · · ·
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address o	
Building name/number	lding name/number	
Street		Use this section to tell us about 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 ©	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	do de mo m2 y2 y0 y1 y8	
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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	×
	d 1 d 2 m 2 y 2 y 0 y 1 y 8	1