

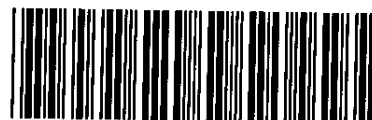
600

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



Companies House

FRIDAY



A08 *A7GWZ0U0* 19/10/2018 #264
COMPANIES HOUSE

1 Company details

Company number 0 2 2 3 0 6 7 3

Company name in full Dalehaven Limited

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

2 Liquidator's name

Full forename(s) Ian

Surname Franes

3 Liquidator's address

Building name/number 24 Conduit Place

Street London

Post town W2 1EP

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ^①

Email address Ian.Franes@Beggies-Traynor.com

Telephone number 020 7262 1199

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 0 0 2 2 9 4

600

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6	Liquidator's name ^①	
Full forename(s)	Jeremy	① Other Liquidator's details Use this section to tell us about another liquidator.
Surname	Karr	
7	Liquidator's address ^②	
Building name/number	24 Conduit Place	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.
Street	London	
Post town	W2 1EP	
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number ^③	
Email address	Jeremy.Karr@begbies-traynor.com	③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	020 7262 1199	
9	Insolvency practitioner number	
Number	0 0 9 5 4 0	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	^d 1 ^d 6 ^m 1 ^m 0 ^y 2 ^y 0 ^y 1 ^y 8	
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 X	X
Signature date	^d 1 ^d 8 ^m 1 ^m 0 ^y 2 ^y 0 ^y 1 ^y 8	

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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 **Elliot Segal**

Company name **Begbies Traynor (Central) LLP**

Address **24 Conduit Place**

London

Post town **W2 1EP**

County/Region

Postcode

Country

DX

Telephone **020 7262 1199**

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