In accordance with section 109 of the Insolvency Act 1986

## 600



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

COMPANIES HOUSE

1	Company details	
Company number	0 2 4 5 4 3 7 2	→ Filling in this form  Please complete in typescript or in
Company name in full	BALL VALVES UK LIMITED	bold black capitals.
2	Liquidator's name	
Full forename(s)	EMMA	
Surname	CRAY	
3	Liquidator's address	
Building name/number	PRICEWATERHOUSECOOPERS LLP	
Street	CORNWALL COURT	
	19 CORNWALL STREET	
Post town	BIRMINGHAM	
County/Region		
Postcode	B 3 2 D T	
Country	UNITED KINGDOM	
4 Liquidator's email address or telephone number •		You must give an email address or
Email address	EMMA.CRAY@PWC.COM	telephone number. All information on this form will appear on the public record.
Telephone number		
5	Insolvency practitioner number	
Number	1 7 4 5 0	

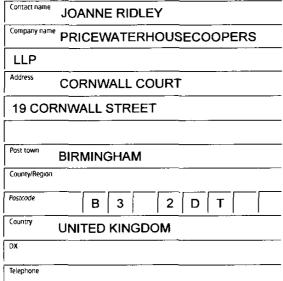
600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up

6	Liquidator's name <sup>10</sup>	
Full forename(s)	STEVEN	Other Liquidator's details Use this section to tell us about
Surname	SHERRY	another liquidator.
7	Liquidator's address ®	
Building name/number	PRICEWATERHOUSECOOPERS LLP	Other Liquidator's details
Street	7 MORE LONDON RIVERSIDE	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	LONDON	
County/Region		
Postcode	SE12RT	
Country	UNITED KINGDOM	
8	Liquidator's email address or telephone number <sup>⑤</sup> You must give an em.	
Email address	STEVEN A.SHERRY@PWC.COM	telephone number. All information on this form will appear on the
Telephone number		public record
9	Insolvency practitioner number	
Number	1 9 7 5 2	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	10 9 1 2 72 0 1 4	
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	
iquidator's signature	Signature X 5	×
Signature date	1 d m 2 y 2 y 0 y 1 y 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.



#### ✓ 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.

#### 

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.

#### **7** 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