

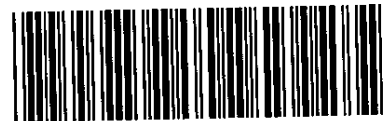
600

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



Companies House

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A71RVK1T

A26 15/03/2018 #41
COMPANIES HOUSE

A70PJ3Y9

A19 28/02/2018 #1
COMPANIES HOUSE

A6ZF8UHV

A23 09/02/2018 #53
COMPANIES HOUSE

1 Company details

Company number 0 2 7 6 4 4 1 2

Company name in full ~~SCM Microsystems Limited~~

SCM MICROSYSTEMS GROUP LIMITED

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

2 Liquidator's name

Full forename(s) Graham Irvine

Surname BORN

3 Liquidator's address

Building name/number 3

Street London Wall Buildings

Post town London

County/Region

Postcode E C 2 M 5 P D

Country

4 Liquidator's email address or telephone number ①

Email address graham.born@bornandco.com

Telephone number 020 7631 0554

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 5 7 4 6

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6	Liquidator's name ^①	
Full forename(s)		① Other Liquidator's details Use this section to tell us about another liquidator.
Surname		
7	Liquidator's address ^②	
Building name/number		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		
Post town		
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number ^③	
Email address		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number		
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
I confirm the appointment of the liquidator(s) on		
Date	<u>22</u> <u>01</u> <u>2018</u>	
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 <u>X</u>	<u>X</u>
Signature date	<u>22</u> <u>01</u> <u>2018</u>	

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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	Grtaham Irvine Born									
Company name	Born & Co. Insolvency Services									
Address	3 London Wall Buildings									
Post town	London									
County/Region										
Postcode	E	C	2	M		5	P	D		
Country										
DX										
Telephone	020 7631 0554									



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

600 - continuation page

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voluntary winding up

1 Company details

Company number

Company name in full

2 Liquidator's name

Full forename(s)

Surname

3 Liquidator's address

Building name/number

Street

Post town

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ¹

Email address

Telephone number

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

Insolvency practitioner
number