In accordance with section 109 of the Insolvency Act 1986

600



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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Cor	np	an	y d	letai						
Company number	0		5	5	1	0	1	4	0		→ Filling in this form Please complete in typescript or in
Company name in full	PI	С	Со	nstr	ructio	n Li	mited	<u>t</u>	_	_	bold black capitals.
2	Liqu	uic	dat	or	s naı	ne					
Full forename(s)	M	arl	(_						
Surname	В)W	en		•						
3	Liqu	uic	dat	or's	s add	dres	s				
Building name/number	11	R	lon	nan	Way	Bus	ines	s Ce	ntre		
Street	Ве	err	уΗ	lill							
Post town	Dr	oit	twic	ch S	Spa						
County/Region	W	ore	ces	ters	shire						
Postcode	W		R	9		9	Α	J			
Country											
4	Liqu	uic	dat	or's	s em	ail a	addr	ess	or telephone n	umber ^o	• You must give an email address or
Email address	telephone number. All info					telephone number. All information on this form will appear on the					
Telephone number	01	90)5 7	776	76771 public record.						
5	Ins	ol	vei	าсу	pra	ctiti	one	r nu	mber		
Number	8		7	1	1						

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

6	Liquidator's name •	
Full forename(s)		Other Liquidator's details
Surname		Use this section to tell us about another liquidator.
7	Liquidator's address @	
Building name/number		Other Liquidator's details
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	$\begin{bmatrix} 0 \\ 2 \end{bmatrix} \begin{bmatrix} 0 \\ 2 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 0 $	
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	K
Signature date	$\begin{bmatrix} d \\ 2 \end{bmatrix} \begin{bmatrix} d \\ 2 \end{bmatrix} \begin{bmatrix} m \\ 1 \end{bmatrix} \begin{bmatrix} m \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix}$	

600

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

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 Mark Hunt
Company name MB Insolvency
Address 11 Roman Way Business Centre
Berry Hill
Post town Droitwich Spa
County/Region Worcestershire
Postcode W R 9 9 A J
Соинту
DX
Telephone 01905 776771
/ at 10 .



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