In accordance with section 109 of the Insolvency Act 1986

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Companies House

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	Company details		
Company number	0 7 3 3 5 7 5 3	→ Filling in this form	
Company name in full	Ram Training Limited	Please complete in typescript or in bold black capitals.	
2	Liquidator's name		
Full forename(s)	Mark Elijah Thomas	: <u>-</u>	
Surname	Bowen		
3	Liquidator's address	!	
Building name/number	11 Roman Way		
Street	Berry Hill		
ost town	Droitwich Spa		
County/Region	Worcestershire		
Postcode	W R 9 9 A J		
Country			
4	Liquidator's email address or telephone number •	O You must give an email add-	
mail address		You must give an email address or telephone number. All information	
Telephone number	01905 776771	on this form will appear on the public record.	
5	Insolvency practitioner number		
Number	8 7 1 1		

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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 ❷	
Building name/nun	nber	Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about
Post town		more than two liquidators.
County/Region		
Postcode		
Country	- 	
8	Liquidator's email address or telephone number 9	
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	^d 2 ^d 6	
11	Appointment details	
	The appointment was made by (Tick one)	
	□ Company	
2	☑ Creditors	
<u> </u>	Type of liquidation	
	Tick to confirm the liquidation type	
	☐ Members ☐ Creditors	ļ
	Creditors	
3	Sign and date	
quidator's signature	1	·
	X	×
gnature date	$\begin{bmatrix} d \\ 2 \end{bmatrix} \begin{bmatrix} d \\ 6 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 3 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix}$	

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Presenter information			
you do it on the for	ot have to give any contact information, but if will help Companies House if there is a query m. The contact information you give will be searchers of the public record.		
Contact name	Thomas Bowen		
Company name	MB Insolvency		
Address	11 Roman Way		
	Berry Hill		
Post town	Droitwich Spa		
County/Region	Worcestershire		
Postcode	W R 9 9 A J		
Country	—— : <u>—</u>		
DX	information@mb-i.co.uk		
Telephone	01905 776771		
✓ Chec	klist		
We may re with infor	eturn forms completed incorrectly or mation missing.		
Please ma	ake sure you have remembered the		
☐ The co	The company name and number match the information held on the public Register.		

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.

i 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