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



Companies House

THURSDAY



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A08

16/09/2021

#45

COMPANIES HOUSE

Please refer to
house

1 Company details

Company number 0 8 2 1 1 3 9 4

Company name in full Sanderson Installations Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Carl

Surname Jackson

3 Liquidator's address

Building name/number Office D

Street Beresford House

Post town Town Quay

County/Region Southampton

Postcode S O 1 4 2 A Q

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 02380336464


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 8 8 6 0

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6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Andrew		
Surname	Watling		
7	Liquidator's address^②		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.
Building name/number	Office D		
Street	Beresford House		
Post town	Town Quay		
County/Region	Southampton		
Postcode	S O 1 4 2 A Q		
Country			
8	Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address			
Telephone number	02380336464		
9	Insolvency practitioner number		
Number	1 5 9 1 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	1 0 0 9 2 0 2 1		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company		
	<input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members		
	<input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature 		X
Signature date	1 5 0 9 2 0 2 1		

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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	Neil Allen
Company name	Quantuma Advisory Limited
Address	Office D Beresford House
Post town	Town Quay
County/Region	Southampton
Postcode	S O 1 4 2 A Q
Country	
DX	info@quantuma.com
Telephone	02380336464



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