

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

<b>1</b>	<b>Company details</b>	
Company number	1 1 7 1 4 1 6 6	<b>→ Filling in this form</b> Please complete in typescript or in bold black capitals.
Company name in full	A Rogers Limited	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	Mark Elijah Thomas	
Surname	Bowen	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	11 Roman Way	
Street	Berry Hill	
Post town	Droitwich Spa	
County/Region	Worcestershire	
Postcode	W R 9 9 A J	
Country		
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	
Email address		<b>①</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	01905 776771	
<b>5</b>	<b>Insolvency practitioner number</b>	
Number	8 7 1 1	

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## 6 Liquidator's name <sup>①</sup>

Full forename(s)

Surname

### ① Other Liquidator's details

Use this section to tell us about another liquidator.

## 7 Liquidator's address <sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

### 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.

## 8 Liquidator's email address or telephone number <sup>③</sup>

Email address

Telephone number

③ You must give an email address or telephone number. All information 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

<sup>d</sup> 3 <sup>d</sup> 0 <sup>m</sup> 0 <sup>m</sup> 4 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 1

## 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

X



X

Signature date

<sup>d</sup> 0 <sup>d</sup> 6 <sup>m</sup> 0 <sup>m</sup> 5 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 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

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

DX

information@mb-i.co.uk

Telephone

01905 776771

**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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)