In accordance with section 109 of the Insolvency Act 1986

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

/EDNESDAY



fer to

A23 25/09/2019 COMPANIES HOUSE

Company details → Filling in this form 8 2 5 Company number 2 1 6 Please complete in typescript or in bold black capitals. Company name in full Teledyne Paradise Datacom Limited Liquidator's name Full forename(s) David Surname **Thorniley** Liquidator's address Building name/number Spa House Street 18 Upper Grosvenor Road Post town Tunbridge Wells County/Region Kent Postcode N 1 2 EP Т Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information Email address on this form will appear on the public record. Telephone number 01892 525218 Insolvency practitioner number Number 3 0 7

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| 6 | Liquidator's name ⁰ | | |
|------------------------|---|---|--|
| Full forename(s) | | • Other Liquidator's details | |
| Surname | | Use this section to tell us about another liquidator. | |
| 7 | Liquidator's address® | <u> </u> | |
| 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 | 2 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 X | × | |
| Signature date | | | |
| | | | |

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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.

| Cortact name | | |
|---------------|---------------------------|--|
| Company name | Traverse Advisory Limited | |
| Address | Spa House | |
| | 18 Upper Grosvenor Road | |
| | | |
| Post town | Tunbridge Wells | |
| County/Region | Kent | |
| Postcode | T N 1 2 E P | |
| Country | | |
| DX | | |
| Telephone | 01892 525218 | |

✓ 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