

Voluntary Liquidation Notice of Ceasing to Act as Voluntary Liquidator

Please insert Company Number below: (Include an * immediately before and after the

Company Number					
Company Name					
To the Re	gistrar of Companies				
I (or We) ¹					
of					
hereby giv	e you notice that I (or w	e) have ceas	ed to act as voluntary Liqu	idator(s) of	
					_ Limited
on the	day of	20	for the following reaso	ons: ²	
	Signature ³			Insolvency Practitioner	
	olghataro			licence No.	
				Insolvency Practitioner licence No.	

Dated

Insert full name(s) and address(es)
Insert reason
To be signed by each voluntary Liquidator if more than one.