# COMPANY NAME LIMITED - IN LIQUIDATION

## COMPANY NUMBER - COMPANY NUMBER

### THE INSOLVENCY ACT 1986

I hereby consent to act as a member of the liquidation committee in the above matter.

|  |  |
| --- | --- |
| **Creditor name** |  |
| **Name of representative to act on Committee** |  |
| **Creditor Address** |  |
| **Contact phone number *(for proposed representative)*** |  |
| **Contact email address *(for proposed representative)*** |  |
| **Signature** |  |
| **Date** |  |