**RECEIPT ON PAYMENT TO LIQUIDATOR OF A COMPANY**

Name of Company:

Winding Up no Of Company

Company registration No:

Name of Manager

Address

Name of firm:

Period covered by this account: from\_\_\_\_\_\_\_ To \_\_\_\_\_

Date     From whom received     Nature of receipts/payments      Amount

                                                              Balance carried forward:

Dated at\_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_

Signature:

Name of manger:

Firm Name:

Address