G

CHFP080

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

**FORM No. 600** 

600

Please do not Write in this margin Please complete

legibly preferably in black type or bold block lettering \*Insert full name of company

Pursuant to section 109 of the Insolve	ency Act 1986		
To the Registrar of Companies (Address Overleaf)	For offic	ial use	Company number
Name of Company			
* The Northern Maritime Insurance C	ompany Limited		
Nature of Business			
Non-trading			
I give notice that I have been appoint 15 November, 2016 The appointment was by the compan Type of liquidation Members	·	ompany on	
Name of Liquidator Sean K Cros Office holder number 8930 Address 30 Finsbury 5 London EC2P 2YU			
Signature S		Date <u>22</u> November 2016	
Name of Liquidator Office holder number Address			
Signature		Date	
Presenters name and address and reference (If any) Sean K Croston Grant Thornton UK LLP 30 Finsbury Square London	For Official Use General Section	Post ro	
EC2P 2YU R30201163/9	)AY		

Time Critical Reference



\*A5KCEPOR\*

23/11/2016 COMPANIES HOUSE #170

## **NOTES**

The address for companies registered in England and Wales or Wales is -

The Registrar of Companies, Companies House, Crown Way, Cardiff, CF14 3UZ

Or, for companies registered in Scotland -

The Registrar of Companies, Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB