

600

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



Companies House

TUESDAY



A88D4Z9U

A23

25/06/2019

#107

COMPANIES HOUSE

1 Company details

Company number 0 0 0 3 8 8 3 2

Company name in full The Norwich Union Life Insurance Company Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Sean K

Surname Croston

3 Liquidator's address

Building name/number 1020 Eskdale Road

Street Winnersh

Post town Wokingham

County/Region

Postcode R G 4 1 5 T S

Country

4 Liquidator's email address or telephone number ^①

Email address Sean.Croston@uk.gt.com

Telephone number

① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 8 9 3 0

600

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6 Liquidator's name ^①

Full forename(s)

Surname

① Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address ^②

Building name/number

Street

Post town

County/Region

Postcode

Country

② Other Liquidator's details

Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

8 Liquidator's email address or telephone number ^③

Email address

Telephone number

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d

d

m

m

y

y

y

y

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

S Q

X

Signature date

d

d

m

m

y

y

y

y