In accordance with section 109 of the Insolvency Act 1986

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



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1	Con	npai	ny d	etai	ls				•			•					
Company number	0	0	5	7	2	2	0	2			•		٠.	→ Filling in this form Please complete in typescript or in			
Company name in fu	∥ Ca	mp	bell	Inve	estņ	nent	s Li	imited				,		bold black capitals.			
							•		_					,			
2	Liqu	uida	tor's	na	me		, '		,								
Fullforename(s)	Ad	Irian	Pa	ul				-									
Surname	Da	nte							-		,	-					
3	Liqu	uidat	tor's	ade	dres	s		ŧ	-		,						
Building name/numb	er Vi	ctor	ia C	our	t			*****									
Street	17	17-21 Ashford Road									-						
•											-						
Post town	Ma	aids	tone		_	-								• •			
County/Region	Ke	nt						,	,								
Postcode	M	E	1	4		5	D	A									
Country		-							·								
4 Liquidator's email address or telephone number																	
Email address	-			,										telephone number. All information on this form will appear on the			
Telephone number	033	330	100	221										public record.			
5	Ins	olve	ncy	pra	ctitic	oner	nui	mber		•		 :					
Number	9	6	0	0		Γ											
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6	Liquidator's name			
Full forename(s)	Paul Michael	Other Liquidator's details Use this section to tell us about another liquidator.		
Surname	Davis			
7	Liquidator's address 😉			
Building name/numbe	Other Liquidator's details Usethis section to tell us about			
Street	2 London Wall Place	another liquidator. Use the continuation page to tell us about		
· · ·		more than two liquidators.		
Post town	London			
County/Region				
Postcode	E C 2 Y 5 A U			
Country				
8	Liquidator's email address or telephone number ©	You must give an email address or		
Email address		telephone number. All information on this form will appear on the public record.		
Telephone number	020 7429 3499			
9	Insolvency practitioner number			
Number	7 8 0 5	· .		
10	Statement of appointment			
<u> </u>	I confirm the appointment of the liquidator(s) on			
Date	3 0 0 6 2 0 2 0			
11	Appointment details			
	The appointment was made by (Tick one)			
	☑ Company			
	□ · Creditors			
12	Type of liquidation	•		
	Tick to confirm the liquidation type			
	✓ Members □ Creditors			
	□ Creditors			
13	Sign and date			
Liquidator's signature	Signature			
	X M			
Signature date	$\begin{bmatrix} 0 & 0 & 6 & 0 & 7 & 7 & 7 & 7 & 7 & 7 & 7 & 7 & 7$			

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Presenter information Youdo not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. Contact name Parish, Scott MacIntyre Hudson LLP Address Victoria Court 17-21 Ashford Road Post town Maidstone County/Region Kent Ε М D Country Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

Important information

All information on this form will appear on the public record.

☑ Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

i Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse