G

FORM No. 600

RG1 4SJ

Time Critical Reference

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

600

#167

10/10/2015

COMPANIES HOUSE

A23

CHFP080

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 Insolvency Act 1986

To the Registrar of Co	mpanies	ı	For official use	Company number
				00762583
Name of Company				
* Newbold Insurance S	Services Limite	d	- 	
Nature of Business				
Dormant company				
I/We give notice that I/ The appointment was Type of liquidation Me	by members		or(s) of the above co	ompany on 8 October 2015
Name of Liquidator Office holder number Address		m Tann Street, Reading, Ber	kshire, RG1 4SJ	
Signature	<u></u>		Date	9/10/15
Name of Liquidator Office holder number Address	Matthew Joh 009432 92 London S	nn Waghorn Street, Reading, Bei	kshire, RG1 4SJ	
Signature	M		Date 9	116/15
Presentor's name and ac reference (If any) David William Tann 92 London Street Reading Berkshire	ddress and	For Official Use General Section	DAY	