CHFP080

FORM No. 600

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

600

14/08/2010

COMPANIES HOUSE

A07

Please do not Write in this margi

Please complete legibly preferably in black type or bold block lettering

*insert full name Of company

n æ	Pursuant to section 109 of the Insolvency Act 1986					
	To the Registrar of Companies		For official use		Company number	
					1248902	
	Name of Company					
	* The Loss Prevention Council Limited					
•	Nature of Business	ss				
	nsurance					
•	We give notice that We have been appointed liquidators of the above company on 10 August 2010					
	The appointment was by members	by members				
	Type of liquidation Members' Voluntary Liquidation					
	Name of Liquidator Anthony Malcolm Cork					
	Office holder number 009401 Address Bridge House, London Bridge, London, SE1 9QR					
	Signature //	6		Date 12/	8/1-	
	Name of Liquidator Office holder number Address Stephen Paul Grant 008929 Bridge House, London Bridge, London, SE1 9QR					
	Signature (4,	4		Date 12, y	/1.	
•	Presentor's name and address and					
	reference (If any) Anthony Malcolm Cork	For Official Use General Section		Pos	t room	
	Bridge House	Gerieral Geotion		. 1001011 101011 270 1	**************************************	
	London Bridge London					
	SE1 9QR Time Critical Reference	1	SATURDAY		N6DRMJC*	

THIS POWER OF ATTORNEY is made this Way of Jule. 2010 by ANTHONY MALCOLM CORK of Wilkins Kennedy, Bridge House, London Bridge, London, SE1 9QR

- I appoint STEPHEN PAUL GRANT of Wilkins Kennedy, Unit B2, Boughton Business Park, Bell Lane, Little Chalfont, Buckinghamshire, HP6 6GL to be my Attorney with authority to do on my behalf all necessary and proper acts and to execute all documents which are incidental thereto in connection with any appointment I may hold either jointly or solely as Trustee in Bankruptcy, Supervisor of an Individual or Corporate Voluntary Arrangement, Liquidator, Administrator, Administrative Receiver and Manager or Receiver PROVIDED ALWAYS that this power shall not constitute complete delegation of all my functions as office holder attached to such appointments
- This Power of attorney shall expire if my Attorney shall cease (for whatever reason) to be an Employee / Partner of Wilkins Kennedy, or if he shall cease to be a Licensed Insolvency Practitioner

In witness whereof I have signed this instrument as a Deed and have delivered it upon dating it

Signed as a Deed by the said ANTHONY MALCOLM CORK)

In the presence of -

Witness signature.

Witness name

K JONES

Witness address

BRIDGE HOUSE

LONDON BRIDGE LONDON, SEI 9QR

Witness occupation

SECRETARY