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

*A7FF45ZM A20 28/09/2018

COMPANIES HOUSE

refer to

Company details → Filling in this form 0 1 2 7 3 1 8 4 Company number Please complete in typescript or in Capco CG Wellington (JAR) Limited bold black capitals. Company name in full Liquidator's name Malcolm Full forename(s) Surname Cohen Liquidator's address 3 55 Baker Street Building name/number Street London Post town **W1U 7EU** County/Region Postcode Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** malcolm.cohen@bdo.co.uk on this form will appear on the public record. Telephone number 020 7486 5888 Insolvency practitioner number 5 Number 6 8 2 5

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

6	Liquidator's name ⁰	
Full forename(s)	Edward	Other Liquidator's details Use this section to tell us about
Surname	Kerr	another liquidator.
7	Liquidator's address ⁹	
Building name/number	55 Baker Street	Other Liquidator's details
Street	London	Use this section to tell us about another liquidator. Use the
		continuation page to tell us about more than two liquidators.
Post town	W1U 7EU	
County/Region		
Postcode		
Country		
8 Liquidator's email address or telephone number ® You mus		You must give an email address or
Email address	eddie.kerr@bdo.co.uk	telephone number. All information on this form will appear on the
Telephone number	020 7486 5888	public record.
9	Insolvency practitioner number	<u></u>
Number	9 0 2 1	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 0 0 0 9 2 0 1 8	
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	
. ,	×	×
Signature date	d2 d1 0 9 y2 y0 y1 y8	