

600

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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 0 2 2 5 9 3 3 1

Company name in full Maestro Insurance Services Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Michael James

Surname Gregson

3 Liquidator's address

Building name/number Bulley Davey

Street 4 Cyrus Way

Cygnet Park

Post town Hampton

County/Region Peterborough

Postcode P E 7 8 H P

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01733 569494

^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 9 3 3 9

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6 Liquidator's name¹

Full forename(s)

Surname

1 Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address²

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 number³

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

0

d

7

m

0

m

1

y

2

y

0

y

2

y

1

11 Appointment details

The appointment was made by
(Tick one)



Company



Creditors

12 Type of liquidation

Tick to confirm the liquidation type



Members



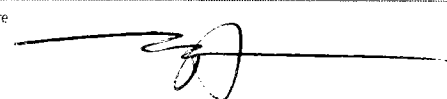
Creditors

13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

d

1

d

2

m

0

m

1

y

2

y

2

y

2

y

1

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Presenter information

You do 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	Laurie Hodgkins
Company name	Bulley Davey
Address	4 Cyrus Way
	Cygnat Park
	Hampton
Post town	Peterborough
County/Region	
Postcode	P E 7 8 H P
Country	
DX	
Telephone	01733 569494



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

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



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.



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

600 - continuation page

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1 Company details

Company number 0 2 2 5 9 3 3 1

Company name in full Maestro Insurance Services Limited

2 Liquidator's name

Full forename(s)

Surname

3 Liquidator's address

Building name/number

Street

Post town

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ¹

Email address

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

Insolvency practitioner
number