In accordance with section 109 of the Insolvency Act 1986

600



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

TUESDAY



A14

24/12/2019 COMPANIES HOUSE

#168

1	Company details		
Company number	0 3 3 8 1 4 0 0	Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	CHORION PACIFIC LIMITED		
2	Liquidator's name		
Full forename(s)	MATTHEW JAMES	"	
Surname	COWLISHAW	_	
3	Liquidator's address		
Building name/number	DELOITTE LLP		
Street	FOUR BRINDLEYPLACE	_	
Post town	BIRMINGHAM	_	
County/Region			
Postcode	B 1 2 H Z		
Country	UNITED KINGDOM	_	
4	Liquidator's email address or telephone number • O You must give an e		
Email address		telephone number. All informatio on this form will appear on the public record.	
Telephone number	+44 (0) 20 7936 3000		
5	Insolvency practitioner number		
	0 0 9 6 3 1		

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6	Liquidator's name ⁰	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ❷	
Building name/numbe	r	Other Liquidator's details Use this section to tell us about
Street		another liquidator. Use the continuation page to tell us abour more than two liquidators.
Post town		
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number 6	You must give an email address of
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & 1 & d & 5 \end{bmatrix}$ $\begin{bmatrix} m & 1 & m & 1 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} y & 1 & 1 & y & 0 & 1 & 1 \end{bmatrix}$	
111	Appointment details	
	The appointment was made by	
	(Tick one) Company	
	☐ Creditors - Court Order (attached)	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	□ Members	
	☐ Creditors	
13	Sign and date	
Liquidator's signature	Signature X Signature	×
Signature date	1 2 0 m, m2 y2 y0 y1 kg	

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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 **HOLLY HOLGATE DELOITTE LLP** Address 1 NEW STREET SQUARE Post town LONDON County/Region Postcode Н С Q Ε 4 Country UNITED KINGDOM DX Telephone +44 20 7007 2530 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.

Turther 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

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600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Company details	
Company number		
Company name in full		
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	<u> </u>
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	<u> </u>
Insolvency practitioner	·	
number		