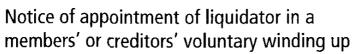
In accordance with section 109 of the Insolvency Act 1986 600







06/08/2018 **COMPANIES HOUSE**

		COMPANIES HOUSE
1	Company details	
Company number	0 3 5 5 7 1 4 4	→ Filling in this form Please complete in typescript or ir bold black capitals.
Company name in full	Absolute Fund Management Limited	
2	Liquidator's name	
Full forename(s)	Georgina Marie	
Surname	Eason	
3	Liquidator's address	
Building name/number	New Bridge Street House	
Street	30 - 34 New Bridge Street	
Post town	London	
County/Region		
Postcode	EC4V6BJ	
Country		
4	Liquidator's email address or telephone number •	You must give an email address o telephone number. All information on this form will appear on the public record.
Email address	Georgina.eason@mhllp.co.uk	
Telephone number	0207 429 4100	
5	Insolvency practitioner number	
Number	9 6 8 8	

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6	Liquidator's name [©]	
Full forename(s)	Michael Colin John	Other Liquidator's details Use this section to tell us about another liquidator.
Surname	Sanders	
7	Liquidator's address ❷	
Building name/number	New Bridge Street House	Other Liquidator's details
Street	30 - 34 New Bridge Street	Use this section to tell us about another liquidator. Use the
		continuation page to tell us about more than two liquidators.
Post town	London	
County/Region		
Postcode	EC4V6BJ	
Country		
8	Liquidator's email address or telephone number You must give an email add	
Email address	mick.sanders@mhllp.co.uk	telephone number. All information on this form will appear on the
Telephone number	0207 429 4100	public record.
9	Insolvency practitioner number	
Number	8 6 9 8	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	⁹ 2 ³ 3 ⁷ 0 ⁷ 2 ⁷ 0 ⁷ 1 ⁷ 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	
	X pp D. Cuminghan	
Signature date	$\begin{bmatrix} \frac{1}{3} & \frac{1}{1} & \frac{m}{0} & \frac{m}{7} & \frac{y}{2} & \frac{y}{0} & \frac{y}{1} & \frac{y}{8} \end{bmatrix}$	

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

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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	Imran Tareen	
Сотрапу чате	MacIntyre Hudson LLP	
Address	New Bridge Street House	
	30 - 34 New Bridge Street	
Post town	London	
County/Region		
Postcode	E C 4 V 6 B J	
Country		
DX		
Telephone	0207 429 4100	

1

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.

f 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