In accordance Section 109 of Insolvency Act 1986. with the 600



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



\*A79T6GY9\* A09 09/07/2018 COMPANIES HOUSE ie ik

1	Cor	npa	ny d	etail	ls									
Company number	0	4	5	2	7	5	3	3		→Filling in this form Please complete in typescript				
Company name in full	Octe	ne H	olding	js Lin	nited	or in bold black capitals.								
2	Liq	uida	tor's	nai	me									
Full forename(s)	John David Thomas													
Surname	Milsom													
3	Liq	uida	tor's	ado	dres	s				-				
Building name/number	15													
Street	Cana	ada S	quare	€										
Post town	London													
County/Region														
Postcode	E 1 4 5 G L													
Country	United Kingdom													
4	Liq	uida	tor's	s em	ail a	ıddr	ess	or te	lephone	number <b>0</b>				
Email address	Ferv	/ah.sl	hahee	en@k	pmg.	co.uk	You must give an email address or telephone number. All							
Telephone number	020	3978	3289		···	information on this form will appear on the public record.								
5	Ins	olve	ncy	prac	titic	ner	nun	nber						
Number	9	2	4	1				T						

			appoi windi			quida	ator in	mem	bers'	or cr	editors'	<del>-</del>		
6			or's	<del>-</del>							-			
Full forename(s)	Mark Jeremy  Other Liquidator's details													
Surname	Ortor	1			Use this section to tell us about another liquidator.									
7	Liqu	ıidat	or's	addr	ess (	9								
Building name/number	15  Other Liquidator's details Use this section to tell us about another liquidator. Use the													
Street	Canada Square										continuation page to tell us about more than two liquidators.			
												more than the hydrautore.		
Post town	London													
County/Region														
Post code	E 1 4 5 G L													
Country	United Kingdom													
8	Liqu	ıidat	or's	emai	il add	iress	or t	elepi	hone	nun	nber 🛭			
Email address	Ferwah.shaheen@kpmg.co.uk													
Telephone number	020 3978 3289 telephone number. All information on this forma will appear on the public record.													
9	Insolvency practitioner number													
Number	8	8	4	6										
10	Statement of appointment													
	I cont	firm th	е арр	ointme	ent of	the liq	juidato	or(s) o	n					
Date	2	7	]	0	6		2	0	1	8	]			
11	Арр	ointı	ment	deta	ails					•	•			
	The appointment was made by (Tick one)  ☑ Company □ Creditors													
12	Type of liquidation													
	Tick to confirm the liquidation type													
☑ Members														
	☐ Creditors													
13	Sigr	and	dat	e										
Liquidator's signature	Signatur	е								·				
Signature date	<b>x</b>	2	TI ]	_ \ [o	~d	2_ 	2		1	8	<b>,</b> ]			

## 600

Notice of appointment of liquidators in members' or creditors' voluntary winding up

Presen	ter in	forr	nati	on				Important information					
You do not the but if you do is a query of you give will record.	it will l on the	help ( form	Comp . The	anies cont	Hou act i	ise if ti nforma	here ation	All information on this form will appear on the public record.					
Contact name F	erwah	Shal	heen					⊠ Where to send					
Company name	KPMC	3 LLP	)					You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:					
Address													
15 Canada S	Square	1						The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.  DX 33050 Cardiff.					
Post town Long	don												
County/Region													
Postcode	E	1	4		5	G	L	<i>f</i> Further information					
Country United Kingdom								For further information, please see the guidance notes					
DX								on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk					
Telephone 020	3978	3289											
								This form is available in an					
Check	list							alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk					
We may ret or with info					ed in	corre	ctly						
Please mak following:	e sure	you	ı hav	e rer	nemi	bered	the	www.companicsnousc.gov.uk					
☐ The cominformati							the						
☐ You have	e attac	hed t	he re	quire	d doc	cumen	ts.						
☐ You have	e signe	ed the	form	١.									
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