

# 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](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 0 5 2 8 9 9 1 3

Company name in full Cazenove IP Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Guy Robert Thomas

Surname Hollander

### 3 Liquidator's address

Building name/number Mazars LLP

Street Tower Bridge House

Post town St Katharine's Way

County/Region London

Postcode E 1 W 1 D D

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 0121 232 9500


<sup>①</sup> 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 0 0 9 2 3 3

600

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<b>6 Liquidator's name <sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	Neil John	
Surname	Mather	
<b>7 Liquidator's address <sup>②</sup></b>		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	Mazars LLP	
Street	Tower Bridge House	
Post town	St Katharine's Way	
County/Region	London	
Postcode	E 1 W 1 D D	
Country		
<b>8 Liquidator's email address or telephone number <sup>③</sup></b>		<b>③</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	0121 232 9500	
<b>9 Insolvency practitioner number</b>		
Number	0 0 8 7 4 7	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	d 2 1 m 0 7 y 2 0 2 1	
<b>11 Appointment details</b>		
The appointment was made by (Tick one)		
<input checked="" type="checkbox"/> Company		
<input type="checkbox"/> Creditors		
<b>12 Type of liquidation</b>		
Tick to confirm the liquidation type		
<input checked="" type="checkbox"/> Members		
<input type="checkbox"/> Creditors		
<b>13 Sign and date</b>		
Liquidator's signature	Signature X  X	
Signature date	d 2 7 m 0 7 y 2 0 2 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 **Dan Carr**

Company name **Mazars LLP**

Address **1st Floor**

**Two Chamberlain Square**

Post town **Birmingham**

County/Region

Postcode **B 3 3 A X**

Country

DX

Telephone **0121 232 9500**

## **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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**