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



Companies House

MONDAY



A08 *A7FMY3QZ* #232
01/10/2018
COMPANIES HOUSE

:0

1 Company details

Company number 0 6 4 0 8 0 4 6

Company name in full Chubb Insurance Investment Holdings Ltd

→ Filling in this form
Please complete in typescript or in
bold black capitals

2 Liquidator's name

Full forename(s) Neil John

Surname Mather

3 Liquidator's address

Building name/number Tower Bridge House

Street St Katharine's Way

Post town London

County/Region

Postcode E 1 W 1 D D

Country

4 Liquidator's email address or telephone number ^①

Email address Neil.Mather@mazars.co.uk

Telephone number 020 7063 4000

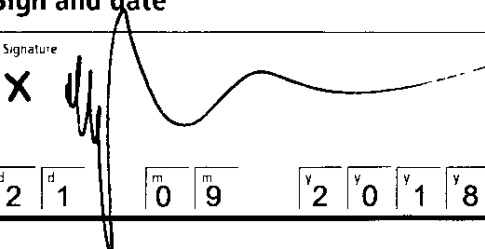
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 0 8 7 4 7

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator
Full forename(s)	Guy Robert Thomas		
Surname	Hollander		
7	Liquidator's address ^②		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.
Building name/number	Tower Bridge House		
Street	St Katharine's Way		
Post town	London		
County/Region			
Postcode	E 1 W 1 D D		
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number All information on this form will appear on the public record.
Email address	guy.hollander@mazars.co.uk		
Telephone number	020 7063 4000		
9	Insolvency practitioner number		
Number	0 0 9 2 3 3		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 4 m 0 9 y 2 0 1 8		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	<div>Signature</div> <div>X  X</div>		
Signature date	d 2 1 m 0 9 y 2 0 1 8		

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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	Maham Khan
Company name	Mazars LLP
Address	Tower Bridge House
	St Katharine's Way
Post: town	London
County/Region	
Postcode	E 1 W 1 D D
Country	
DX	
Telephone	020 7063 4000

**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