In accordance with section 109 of the Insolvency Act 1986

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# Companies House

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



28/06/2018 COMPANIES HOUSE

		COMPANIES HOUSE
1	Company details	
Company number	0 6 4 4 8 1 2 6	→ Filling in this form Please complete in typescript or in bold black capitals,
Company name in full	Vireol Limited	
2	Liquidator's name	
Full forename(s)	Amanda	
Surname	Wade /	
3	Liquidator's address	
Building name/number		
Street	30 Finsbury Square	
Post town	London	
County/Region		
Postcode	EC2P2YU	
Country		
4	Liquidator's email address or telephone number •	You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	hilary.ej.tams@uk.gt.com	
Telephone number	+442078652226	
5	Insolvency practitioner number	
Number	9 4 4 2	

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6	Liquidator's name <sup>0</sup>	
Full forename(s)	Kevin	Other Liquidator's details Use this section to tell us about
Surname	Hellard	another liquidator.
7	Liquidator's address o	
Building name/numbe	er	Other Liquidator's details
Street	30 Finsbury Square	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	EC2P2YU	
Country		
8	Liquidator's email address or telephone number •	You must give an email address or
Email address	hilary.ej.tams@uk.gt.com	telephone number. All information on this form will appear on the
Telephone number	+442078652226	public record.
9	Insolvency practitioner number	
Number	8 8 3 3	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date '	<sup>d</sup> 2 <sup>d</sup> 1 <sup>m</sup> 0 <sup>m</sup> 5 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 1 <sup>y</sup> 8	
m	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	×
 Signature date	12/5 6 72/01/18	

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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.		
Company name		
Address		
Post tovin		
County/Region		
Postcode		
Country		
bx		
Telephone		
✓ Chec	klist	
	eturn forms completed incorrectly or mation missing.	
Please m	ake sure you have remembered the	
-	ompany 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