

600

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



Companies House

THURSDAY



A21 *A77LY2FF* #346
07/06/2018
COMPANIES HOUSE

→ refer to

1 Company details

Company number 0 7 3 2 2 0 8 1

Company name in full BP Kapuas II Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Malcolm

Surname Cohen

3 Liquidator's address

Building name/number 55 Baker Street

Street London

Post town W1U 7EU

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ^①

Email address malcolm.cohen@bdo.co.uk

Telephone number 020 7486 5888

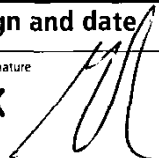
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 6 8 2 5

600

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| | | |
|------------------------|--|--|
| 6 | Liquidator's name ^① | |
| Full forename(s) | Edward | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| Surname | Kerr | |
| 7 | Liquidator's address ^② | |
| Building name/number | 55 Baker Street | 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. |
| Street | London | |
| Post town | W1U 7EU | |
| County/Region | | |
| Postcode | | |
| Country | | |
| 8 | Liquidator's email address or telephone number ^③ | |
| Email address | eddie.kerr@bdo.co.uk | ③ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Telephone number | 020 7486 5888 | |
| 9 | Insolvency practitioner number | |
| Number | 9 0 2 1 | |
| 10 | Statement of appointment | |
| | I confirm the appointment of the liquidator(s) on | |
| Date | d 3 0 m 0 5 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 | Signature X  X | |
| Signature date | d 3 1 m 0 5 y 2 0 1 8 | |