

600

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



Companies House

THURSDAY



A25 \*A8KNT4M0\* 19/12/2019 #260  
COMPANIES HOUSE

**1** Company details

Company number 0 7 8 1 3 2 0 9

Company name in full Isobel Intermediate HoldCo Limited

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

**2** Liquidator's name

Full forename(s) Ian Harvey

Surname Dean

**3** Liquidator's address

Building name/number 1

Street New Street Square

Post town London

County/Region

Postcode E C 4 A 3 H Q

Country United Kingdom

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

Email address llamont@deloitte.co.uk

Telephone number +44 (0) 20 7303 5507

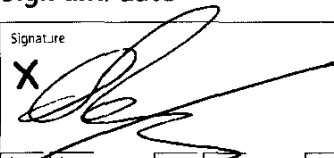
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 0 0 9 4 6 2

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<b>6</b>	<b>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)	Stephen Roland		
Surname	Browne		<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.
<b>7 Liquidator's address<sup>2</sup></b>			
Building name/number	1		
Street	New Street Square		
Post town	London		
County/Region			
Postcode	E C 4 A 3 H Q		
Country	United Kingdom		<b>3 You must give an email address or telephone number. All information on this form will appear on the public record.</b>
<b>8 Liquidator's email address or telephone number<sup>3</sup></b>			
Email address	llamont@deloitte.co.uk		
Telephone number	+44 (0) 20 7303 5507		
<b>9</b>	<b>Insolvency practitioner number</b>		
Number	0 0 9 2 8 1		
<b>10</b>	<b>Statement of appointment</b>		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 2 m 1 2 y 2 0 y 1 9		
<b>11</b>	<b>Appointment details</b>		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
<b>12</b>	<b>Type of liquidation</b>		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
<b>13</b>	<b>Sign and date</b>		
Liquidator's signature	Signature 		X
Signature date	d 1 2 m 1 2 y 2 0 y 1 9		

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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	La Reve Lamont									
Company name	Deloitte LLP									
Address	1									
	New Street Square									
Post town	London									
County/Region										
Postcode		E	C	4	A		3	H	Q	
Country	United Kingdom									
DX										
Telephone	+44 (0) 20 7303 5507									



## 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)

## 600 - continuation page

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### 1 Company details

Company number	<input type="text"/>	
Company name in full	<input type="text"/>	

### 2 Liquidator's name

Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	

### 3 Liquidator's address

Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	

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

Email address	<input type="text"/>	<b>❶</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	

### 5 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>	