In accordance with section 109 of the Insolvency Act 1986

600

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



A8VV5KI2

A13 03/01/2020

#130

COMPANIES HOUSE

#130

A25

A8KNT4D5 19/12/2019

#220

COMPANIES HOUSE Company details → Filling in this form Company number 8 5 6 7 9 1 Please complete in typescript or in Company name in full bold black capitals, Isobel AssetCo Limited Liquidator's name Full forename(s) Ian Harvey Surname Dean Liquidator's address Building name/number Street **New Street Square** Post town London County/Region Postcode EC 4 Α Н Country United Kingdom Liquidator's email address or telephone number • You must give an email address or telephone number. All information **Email address** llamont@deloitte.co.uk on this form will appear on the public record. Telephone number +44 (0) 20 7303 5507 5 Insolvency practitioner number 0 0 9 4 6 2 Number

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

6	Liquidator's name [©]		
Full forename(s)	Stephen Roland	Other Liquidator's details Use this section to tell us about	
Surname	Browne	another liquidator.	
7	Liquidator's address ®		
Building name/numbe	er 1	Other Liquidator's details	
Street	New Street 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	E C 4 A 3 H Q		
Country	United Kingdom		
8	Liquidator's email address or telephone number 9	You must give an email address or	
Email address	llamont@deloitte.co.uk	telephone number. All information on this form will appear on the	
Telephone number	+44 (0) 20 7303 5507	public record.	
9	Insolvency practitioner number		
Number	0 0 9 2 8 1		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
11	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	"1 "2 Y2 Y0 Y1 Y9		

600

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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 Deloitte LLP Address **New Street Square** Post town London County/Region Postcode Q 3 Н Ε С 4 Country United Kingdom 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 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

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section 109 of the			
Insolvency Act 1986.			

600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number	·	