

# 600

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



Companies House

THURSDAY



A25 \*A8KNT4HS\* 19/12/2019 #241  
COMPANIES HOUSE

### 1 Company details

Company number 0 7 8 1 5 7 2 2

Company name in full Isobel Loan Capital 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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**6 Liquidator's name <sup>1</sup>**

Full forename(s) Stephen Roland

Surname Browne

**1 Other Liquidator's details**  
Use this section to tell us about another liquidator.

**7 Liquidator's address <sup>2</sup>**

Building name/number 1

Street New Street Square

Post town London

County/Region

Postcode E C 4 A 3 H Q

Country United Kingdom

**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.

**8 Liquidator's email address or telephone number <sup>3</sup>**

Email address llamont@deloitte.co.uk

Telephone number +44 (0) 20 7303 5507

**3 You must give an email address or telephone number. All information on this form will appear on the 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 <sup>d</sup>1 <sup>d</sup>2 <sup>m</sup>1 <sup>m</sup>2 <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>0

**11 Appointment details**

The appointment was made by  
(Tick one)

- Company  
 Creditors

**12 Type of liquidation**

Tick to confirm the liquidation type

- Members  
 Creditors

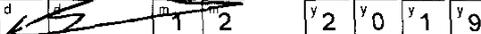
**13 Sign and date**

Liquidator's signature

Signature

X  X

Signature date

<sup>d</sup> <sup>m</sup> <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>9  
 1 2

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voluntary winding up

 **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

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

### 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>1</sup>

Email address	<input type="text"/>	<b>1</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"/>	
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