In accordance Section 109 of Insolvency Act 1986. with the 600



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

COMPANIES HOUSE Company details →Filling in this form Company number-Please complete in typescript or in bold black capitals. Company name in full RB REFS Origination Limited Liquidator's name Full forename(s) Nicholas James Surname Timpson Liquidator's address Building name/number 15 Canada Square Street London Post town County/Region Postcode United Kingdom Country Liquidator's email address or telephone number 0 rebecca.lewin@kpmg.co.uk You must give an Email address address or telephone number. All 020 7311 4878 information on this form Telephone number appear on the public record. Insolvency practitioner number Number

600

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

	voluntar	y wiria	ng up									•		
6	Liquida	tor's	nam	e O										
Full forename(s)	Mark Jeremy											Other Liquidator's details		
Surname	Orton										Use this section to tell us about another liquidator.			
7	Liquida	itor's	addi	ress	Ø									
Building name/number	15			Other Liquidator's details Use this section to tell us about another liquidator. Use the										
Street	Canada Square											continuation page to tell us about more than two liquidators.		
											Thors was inquisition			
Post town	London													
County/Region												1		
Post code	E 1 4 5 G L													
Country	United Kingdom													
8	Liquida	tor's	ema	il add	dres	s or t	elep	hone	nur	nber	6			
Email address	rebecca.lewin@kpmg.co.uk											●You must give an email address or telephone number. All information on this forma will appear on the public record.		
Telephone number	020 7311 4878													
9	Insolve	ncy p	ract	itione	er nu	ımbe	r							
Number	8 8	4	6								,			
10	Statem	Statement of appointment												
	I confirm the appointment of the liquidator(s) on													
Date	1 4	\ .	0	7		2	0	2	0] . ,				
11	Appoin	tmen	t det	ails			1		•	<u> </u>				
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12	Type of liquidation											<u></u>		
•	Tick to co	onfirm t	he liqu	uidatio	n type	•					-			
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13	Sign ar	nd dat	te		`									
Liquidator's signature	Signature							•	. '	. ,				
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Signature date	2 4	\	0	7		2	<i>i</i> 0	2 :	0]				

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☐ Presenter information ☐	Important 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.	All information on this form will appear on th public record.					
Contact name Rebecca Lewin	Where to send					
Company name KPMG LLP	You may return this form to any Companies House address, however for expediency we					
Address	advise you to return it to the address below: The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.					
15 Canada Square						
Post town London						
County/Region	·					
Postcode E 1 4 5 G L	; Further information					
Country United Kingdom	For further information, please see the guidance note					
Dx 157460 Canary Wharf 5	on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk					
Telephone 020 7311 4878						
	This form is available in an					
✓ Checklist	alternative format. Please visit the					
We may return forms completed incorrectly or with information missing.	forms page on the website at www.companieshouse.gov.uk					
Please make sure you have remembered the following:	www.companicsnouse.gov.uk					
The company name and number match the information held on the public Register.						
☐ You have attached the required documents.						
☐ You have signed the form.						
I						