In accordance with section 109 of the Insolvency Act 1986

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

04/03/2020

1	Company details	COMPANIES HOUSE
Company number	0 9 0 4 5 2 3 5	→ Filling in this form
Company name in full	Castlemaine Fiduciary Services Limited	Please complete in typescript or in bold black capitals.
2	Liquidator's name	
Full forename(s)	Thomas Charles	
Surname	Russell	
3	Liquidator's address	
Building name/number	The White Building	
Street	1-4 Cumberland Place	
Post town	Southampton	
County/Region		
Postcode	S O 1 5 2 N P	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address o
Email address		telephone number. All information
Telephone number	023 8022 1222	public record.
5	Insolvency practitioner number	
Number	1 5 9 9 4	

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6	Liquidator's name [©]	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ®	
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number ®	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d_2 & d_0 & & & \end{bmatrix} \begin{bmatrix} m_0 & m_2 & & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 & y_0 \end{bmatrix}$	
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	$\begin{bmatrix} d & 2 & d & 8 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 2 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$	
		I

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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	
Соптрану пате	James Cowper Kreston
Address	The White Building
	1-4 Cumberland Place
Post town	Southampton
County/Region	
Postcode	S O 1 5 2 N P
Country	
DX	
Telephone	023 8022 1222

✓ 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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600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Company details	
Company number		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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 •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		