

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 0 9 3 3 7 7 0 3

Company name in full Martello Bidco Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Georgina Marie

Surname Eason

### 3 Liquidator's address

Building name/number 6th Floor

Street 2 London Wall Place

Post town London

County/Region

Postcode E C 2 Y 5 A U

Country

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

Email address

Telephone number 0207 429 4100

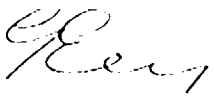
<sup>①</sup> You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 9 6 8 8

600

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|                                                                     |                                                                                                                         |                                                                                                                                                                    |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6 Liquidator's name<sup>①</sup></b>                              |                                                                                                                         | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Full forename(s)                                                    | Michael Colin John                                                                                                      |                                                                                                                                                                    |
| Surname                                                             | Sanders                                                                                                                 |                                                                                                                                                                    |
| <b>7 Liquidator's address<sup>②</sup></b>                           |                                                                                                                         | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number                                                | 6th Floor                                                                                                               |                                                                                                                                                                    |
| Street                                                              | 2 London Wall Place                                                                                                     |                                                                                                                                                                    |
| Post town                                                           | London                                                                                                                  |                                                                                                                                                                    |
| County/Region                                                       |                                                                                                                         |                                                                                                                                                                    |
| Postcode                                                            | E C 2 Y 5 A U                                                                                                           |                                                                                                                                                                    |
| Country                                                             |                                                                                                                         |                                                                                                                                                                    |
| <b>8 Liquidator's email address or telephone number<sup>③</sup></b> |                                                                                                                         | <b>③</b> You must give an email address or telephone number. All information on this form will appear on the public record.                                        |
| Email address                                                       |                                                                                                                         |                                                                                                                                                                    |
| Telephone number                                                    | 0207 429 4100                                                                                                           |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                             |                                                                                                                         |                                                                                                                                                                    |
| Number                                                              | 8 6 9 8                                                                                                                 |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                  |                                                                                                                         |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                   |                                                                                                                         |                                                                                                                                                                    |
| Date                                                                | <sup>d</sup> 1 <sup>d</sup> 0 <sup>m</sup> 1 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 1 |                                                                                                                                                                    |
| <b>11 Appointment details</b>                                       |                                                                                                                         |                                                                                                                                                                    |
| The appointment was made by (Tick one)                              |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Company                         |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                  |                                                                                                                         |                                                                                                                                                                    |
| <b>12 Type of liquidation</b>                                       |                                                                                                                         |                                                                                                                                                                    |
| Tick to confirm the liquidation type                                |                                                                                                                         |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Members                         |                                                                                                                         |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                  |                                                                                                                         |                                                                                                                                                                    |
| <b>13 Sign and date</b>                                             |                                                                                                                         |                                                                                                                                                                    |
| Liquidator's signature                                              | Signature<br>X  X                    |                                                                                                                                                                    |
| Signature date                                                      | <sup>d</sup> 2 <sup>d</sup> 2 <sup>m</sup> 1 <sup>m</sup> 2 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 1 |                                                                                                                                                                    |

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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 **Angus Gillies**

Company name **Macintyre Hudson LLP**

Address **6th Floor**

**2 London Wall Place**

Post town **London**

County/Region

Postcode **E C 2 Y 5 A U**

Country

DX

Telephone **0207 429 4100**

## **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)**