

OS LQ01

Notice of appointment of a liquidator of an overseas company



Companies House

☒ **What this form is for**
You may use this form to appoint a liquidator of an overseas company.

☐ **What this form is NOT for**
You cannot use this form if you are terminating the appointment of a liquidator of an overseas company.

TUESDAY



A8KYGA8G

A16

24/12/2019

#155

COMPANIES HOUSE

1 Overseas company details

Company number F C 0 3 4 3 5 4

Company name in full or alternative name as registered in the UK Anglo American Finland Holdings 1 Limited

→ Filling in this form

Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

2 Name of liquidator

Title * Mr

Full forename(s) Stuart Arthur

Surname Gardner

3 Address of liquidator

Building name/number Liberation House

Street Castle Street

Post town St. Helier

County/Region

Postcode J E 1 1 E Y

Country Jersey

4 Date of appointment of liquidator^①

Date of appointment d 1 d 8 m 1 m 2 y 2 y 0 y 1 y 9

^① This form must be delivered to the Registrar within 14 days of the liquidator's appointment.

5 Description of powers (if any)^②

Description of powers (if any)

^② If applicable, please state here any powers ascribed to the liquidator other than from the general law or from the company's constitution.

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UK establishments

A return must be delivered in respect of any alteration to the company particulars by each UK establishment. If, however, a company has more than one UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below.

UK establishment name	Registration number						
Anglo American Finland Holdings 1 Limited	B	R	0	1	9	4	4

7

Signature of liquidator

I am signing this form on behalf of the overseas company.

Signature

Signature

X 

X

**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 **Esther Chow**

Company name **EY**

Address **Liberation House**

Castle Street

Post town **St. Helier**

County/Region

Postcode **J E 1 1 E Y**

Country **Jersey**

DX

Telephone **+44 (0) 1534 288 600**

**Checklist**

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number as registered in the UK match the information held on the public Register.
- ☐ You have given the name of the liquidator in Section 2.
- ☐ You have provided the address details in Section 3.
- ☐ You have given the date of appointment in Section 4.
- ☐ You have completed the description of powers in Section 5, if applicable.
- ☐ You have completed Section 6, if applicable.
- ☐ You have signed the form.

**Important information**

Please note that all information on this form will appear on the public record.

**Where to send**

You may return this form to any Companies House address:

England and Wales:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.

Scotland:

The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post).

Northern Ireland:

The Registrar of Companies, Companies House,
Second Floor, The Linenhall, 32-38 Linenhall Street,
Belfast, Northern Ireland, BT2 8BG.
DX 481 N.R. Belfast 1

**Further information**

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

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Company name in full or alternative name as registered in the UK Anglo American Finland Holdings 1 Limited

→ **Filling in this form**
Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

2 Name of liquidator

Title * Ms

Full forename(s) Samantha Jane

Surname Keen

3 Address of liquidator

Building name/number Liberation House

Street Castle Street

Post town St. Helier

County/Region

Postcode J E 1 1 E Y

Country Jersey

4 Date of appointment of liquidator^①

Date of appointment d 1 d 8 m 1 m 2 y 2 y 0 y 1 y 9

① This form must be delivered to the Registrar within 14 days of the liquidator's appointment.

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Anglo American Finland Holdings 1 Limited	B	R	0	1	9	4	4

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Signature of liquidator

I am signing this form on behalf of the overseas company.

Signature

Signature

X *P. S. A. N.*

X

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Company name **EY**

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Castle Street

Post town **St. Helier**

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