In accordance with section 109 of the Insolvency Act 1986

## 600



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

For further information, please refer to our guidance at www.gov.uk/companieshouse

| 1                    | Company details                                  |   |
|----------------------|--|---|
| Company number       | O C 4 1 4 9 7 9                                  | → Filling in this form Please complete in typescript or in        |
| Company name in full | Novalpina Capital LLP                            | bold black capitals.  |
|                      |  |   |
| 2                    | Liquidator's name                                |   |
| Full forename(s)     | Stephen  |   |
| Surname              | Goderski   |   |
| 3                    | Liquidator's address                             |   |
| Building name/number | 15 Westferry Circus                              |   |
| Street               | Canary Wharf                                     |   |
|                      |  |   |
| Post town            | London   |   |
| County/Region        |  |   |
| Postcode             | E 1 4 H D  |   |
| Country              |  |   |
| 4                    | 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     | 020 7495 1100                                    | public record.  |
| 5                    | Insolvency practitioner number                   |   |
| Number               | 8 7 3 1  |   |
|                      |  |   |
|                      |  |   |
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| 6                      | Liquidator's name <sup>©</sup>   |   |  |
|------------------------|--|---|--|
| Full forename(s)       | Peter  | Other Liquidator's details Use this section to tell us about      |  |
| Surname                | Hart   | another liquidator.   |  |
| 7                      | Liquidator's address @   |   |  |
| Building name/number   | 15 Westferry Circus  | Other Liquidator's details  |  |
| Street                 | Canary Wharf   | Use this section to tell us about another liquidator. Use the     |  |
|                        |  | continuation page to tell us about more than two liquidators.     |  |
| Post town              | London   |   |  |
| County/Region          |  |   |  |
| Postcode               | E 1 4 H D  |   |  |
| Country                |  |   |  |
| 8                      | Liquidator's email address or telephone number 🖲   | 3 You must give an email address or                               |  |
| Email address          |  | telephone number. All information on this form will appear on the |  |
| Telephone number       | 020 7495 1100  | public record.  |  |
| 9                      | Insolvency practitioner number   |   |  |
| Number                 | 1 3 4 7 0  |   |  |
| 10                     | Statement of appointment   |   |  |
|                        | I confirm the appointment of the liquidator(s) on  |   |  |
| Date                   | $\begin{bmatrix} d & & & & \\ 1 & & & & \\ \end{bmatrix} \begin{bmatrix} m & & m \\ 5 & & & \end{bmatrix} \begin{bmatrix} y & & y \\ 2 & & & \end{bmatrix} \begin{bmatrix} y & & y \\ 2 & & & \end{bmatrix} \begin{bmatrix} y & & y \\ 3 & & & \end{bmatrix}$  |   |  |
| 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 XXX  | X   |  |
|                        | (2) 2  |   |  |
| Signature date         | $\begin{bmatrix} d & 1 & 0 & 0 \\ 1 & 1 & 0 & 0 \end{bmatrix} \begin{bmatrix} m & m & m \\ 0 & 5 & 0 \end{bmatrix} \begin{bmatrix} y_2 & y_2 & y_3 \\ y_2 & 0 & 0 \end{bmatrix} \begin{bmatrix} y_2 & y_3 & 0 \\ y_3 & 0 & 0 \end{bmatrix} \begin{bmatrix} y_3 & y_3 & 0 \\ y_3 & 0 & 0 \end{bmatrix}$ |   |  |
|                        |  |   |  |
|                        |  |   |  |

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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  | Daniel Cowie        |
|---------------|---------------------|
| Company name  | PKF GM              |
|               |                     |
| Address       | 15 Westferry Circus |
|               | Canary Wharf        |
|               |                     |
| Post town     | London              |
| County/Region |                     |
| Postcode      | E 1 4 4 H D         |
| Country       |                     |
| DX            | info@pkfgm.co.uk    |
| Telephone     | 020 7495 1100       |

#### 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.

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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.

#### **7** 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