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



THURSDAY



A7YSFVWY A17 07/02/2019 COMPANIES HOUSE

Company details → Filling in this form 5 Company number 1 8 | 0 Please complete in typescript or in bold black capitals. Company name in full NMG Product Placement Limited Liquidator's name Full forename(s) Mark Surname Newman Liquidator's address Building name/number 4 Mount Ephraim Road Street **Tunbridge Wells** Post town Kent County/Region Postcode N 1 EE Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** recoverysolutions@crowe.co.uk on this form will appear on the public record. Telephone number 01892 700200 5 Insolvency practitioner number Number 0 0 8 7 2 3

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6	Liquidator's name [©]		
Full forename(s)	Vincent John	Other Liquidator's details Use this section to tell us about	
Surname	Green	another liquidator.	
7	Liquidator's address •		
Building name/numb	er 4 Mount Ephraim Road	Other Liquidator's details	
Street	Tunbridge Wells	Use this section to tell us about another liquidator. Use the	
		continuation page to tell us abou more than two liquidators.	
Post town	Kent		
County/Region			
Postcode	T N 1 1 E E		
Country			
8	Liquidator's email address or telephone number 🔮	You must give an email address o	
Email address	recoverysolutions@crowe.co.uk	telephone number. All informatio	
Telephone number	01892 700200	public record.	
9	Insolvency practitioner number		
Number	0 0 9 4 1 6		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	3 0 0 7 2 7 7 9		
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		
iquidator's signature	Signature		
	× ML.	×	
ignature date	0 6 0 2 2 0 1 9		

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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	Matthew Hallowell	
Company name	Crowe U.K. LLP	
Address	4 Mayot Enhance Dood	
	4 Mount Ephraim Road	
	Tunbridge Wells	
Post town	Kent	
County/Region		
Postcode	T N 1 1 E E	
Country		
DX		
Telephone	01892 700200	

✓ 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