In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

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A27 01/10/2019 COMPANIES HOUSE

#237

		COMPANIES HOUSE
1	Company details	
Company number	0 2 0 8 2 0 7 0	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Novae Syndicates Limited	
<u> </u>		
2	Liquidator's name	
Full forename(s)	Sean K	
Surname	Croston	
3	Liquidator's address	
Building name/number	1020 Eskdale Road	
Street	Winnersh	
Post town	Wokingham	
County/Region		
Postcode	R G 4 1 5 T S	
Country		
4 Liquidator's email address or telephone number •		• You must give an email address or
Email address	Sean.Croston@uk.gt.com	telephone number. All informatio on this form will appear on the public record.
Telephone number	020 7728 3172	
5	Insolvency practitioner number	
Number	8 9 3 0	

Post town Country B Liquidator's email address or telephone number Post delephone number of telephone number I life for miss form will appear on the public second. 9 Insolvency practitioner number Number		voluntary winding up	
Surfame Surf	6	Liquidator's name ⁰	
Country Server Country C	Full forename(s)		
Suitiding name/number Street S	Surname		
Use this section to felio sobor more than two liquidators. Section Country 3 Liquidator's email address or telephone number or than two liquidators. Simal address Gelephone number 3 Insolvency practitioner number Statement of appointment I confirm the appointment of the liquidator(s) on Date \$\frac{2}{5} \frac{5}{7} \frac{0}{0} \frac{9}{5} \frac{1}{2} \frac{1}{9} \fr	7	Liquidator's address [©]	
contry Sost town Country Liquidator's email address or telephone number or telephone number or telephone number. All information in this form will appear on the public record. Statement of appointment I confirm the appointment of the liquidator(s) on Date 2 7 8 8 2 0 1 9 9 11 Appointment details The appointment was made by (Tick one) Company Creditors Tick to confirm the liquidation type Members Creditors Sign and date Sign and date Sign and date Signature Apointment details The appointment details Tick to confirm the liquidation type Members Creditors X X	Building name/number		
Country/Region Postcode Country Description Postcode	Street		another liquidator, Use the continuation page to tell us about
Postcode Country 3 Liquidator's email address or telephone number telephone number telephone number telephone number 5 Insolvency practitioner number Number 10 Statement of appointment	Post town		
Liquidator's email address or telephone number or telephone number or telephone number. All information on this form will appear on the public record. Insolvency practitioner number Insolv	County/Region		
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I confirm the appointment of the liquidator(s) on Date d			
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(Tick one)	11	Appointment details	
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Liquidator's signature X S A X		✓ Members	
X S A	13	Sign and date	
Signature date d G G G G G G G G G G G G G G G G G G	iquidator's signature	⁻ -	×
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