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

COMPANIES HOUSE

	Comp	any u	etan:	3				
Company number	0 2	2 3	7	6	8	0	7	→ Filling in this form Please complete in typescript or in
Company name in full	Virgi	n Mo	dels	Lim	bold black capitals			
2	Liquic	lator'	s nan	ne				
Full forename(s)	Matt	hew						
Surname	Haw							
3	Liquic	lator's	s add	ress	5			
Building name/number	25 F	arring	gdon	Str	eet			
Street								
Post town	Lond	lon						
County/Region				-				
Postcode	E C 4 A 4 A B							
Country								
4	Liquid	lator'	s ema	ail a	ddr	ess	or telephone number 🍑	• You must give an email address or
Email address	matt	.haw(@rsn	nuk	.cor	telephone number All information on this form will appear on the		
Telephone number	0203	201	8000)	public record.			
5	Insol	vency	prac	titic	ner	nu	mber	
Number	9 6	3 2	7					

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6	Liquidat	or's na	ne 🕶		***		****		_	_			
Full forename(s)	Bruce									Other Liquidator's details Use this section to tell us about			
Surname	Mackay									another liquidator.			
7	Liquidat	or's ad	dress 0	1									
Building name/number	25 Farringdon Street									Other Liquidator's details Use this section to tell us abou			
Street										another liquidator. Use the continuation page to tell us about more than two liquidators.			
Post town	Londor	1							_				
County/Region								_					
Postcode	EC4AAB												
Country		-											
8	Liquidate	or's em	ail add	ress c	r tel	eph	one nu	mber 🏻			You must give an email address or		
Email address	bruce.mackay@rsmuk.com									telephone number. All information on this form will appear on the public record.			
Telephone number	0203 201 8000												
9	Insolver	ncy pra	tition	er nur	nber		-						
Number	0 0	8 2	9 6										
10	Stateme	nt of a	ppoint	ment			**						
	I confirm the appointment of the liquidator(s) on												
Date	0 6	ő	3	2	ď	1	' 9	<u>.</u> .					
11	Appoint	ment d	etails								· · · · · · · · · · · · · · · · · · ·		
	The appoir (Tick one) ☑ Com □ Cred	pany	as made	by									
12	Type of I		ion					·					
	Tick to cor ☑ Mem □ Credi	bers	liquidatio	on type									
13	Sign and	date				*							
Liquidator's signature	Signature	Na	ut	M						×			
Signature date	^d 1 d1	Ö	^m 3	^y 2	^y 0	^y 1	^y 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 Haw								
Company name	RSM Restructuring Advisory LL								
Address	25 Farringdon Street								
Post town	London								
County/Region									
Pastcade	E C 4 A 4 A B								
Country									
DX									
Telephone	0203 201 8000								

✓ 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