In accordance with section 109 of the Insolvency Act 1986

## 600



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

WEDNESDAY



\*A7EUFJIA\*
A17 19/09/2018
COMPANIES HOUSE

1	Company details		
Company number	0 3 2 7 9 8 2 0	→ Filling in this form Please complete in typescript or in	
Company name in full	NEDLLOYD CONTAINER LINE LIMITED	bold black capitals.	
2	Liquidator's name		
Full forename(s)	SEAN KENNETH		
Surname	CROSTON		
3	Liquidator's address		
Building name/numbe	30		
Street	FINSBURY SQUARE		
Post town	LONDON		
County/Region			
Postcode	EC2P2YU		
Country	ENGLAND		
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 7865 2760	public record.	
5	Insolvency practitioner number		
Number	8 9 3 0		

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Full forename(s)  Surname  L  Building name/number  Street  Post town	.iquidator's address ❷	Other Liquidator's details Use this section to tell us about another liquidator.
Building name/number	iquidator's address •	
Building name/number Street	iquidator's address •	
Street		<del></del>
		Other Liquidator's details
Post town		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
County/Region		
Postcode		
Country		
8 L	iquidator'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		public record.
9	Insolvency practitioner number	<del></del>
Number		
10 9	Statement of appointment	<del></del>
	I confirm the appointment of the liquidator(s) on	
Date	$ \frac{d}{d} = \frac{1}{3} \left( \frac{d}{3} \right) \left( \frac{d}{9} \right) \left( \frac{d}{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	
ridaiaacoi 2 213ilacaic 1	Signature X	×
Signature date	1 8 TO 9 12 10 1/8	

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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	Colin Morris
Company name	Grant Thornton UK LLP
Address	30 Finsbury Square
Post town	London
County/Region	
Postcode	E C 2 P 2 Y U
Country	England
DX	
Telephone	020 7865 2760

#### ✓ 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