Injuccordance 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

FRIDAY



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20/09/2019 COMPANIES HOUSE #392

1	Company details	
Company number	0 7 8 7 0 9 8 7	→ Filling in this form  Please complete in typescript or in bold black capitals.
Company name in full	3i Networks Finland Limited	
2	Liquidator's name	
Full forename(s)	Irvin	
Surname	Cohen	
3	Liquidator's address	
Building name/numbe	31st Floor	
Street	40 Bank Street	
Post town	London	
County/Region		
Postcode	E 1 4 5 N R	
Country		
4	Liquidator's email address or telephone number •	You must give an email address of
Email address	Irvin.Cohen@begbies-traynor.com	telephone number. All information this form will appear on the public record.
Telephone number	020 7516 1500	
5	Insolvency practitioner number	
Number	1 8 4 1 2	

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6	Liquidator's name <sup>®</sup>	
Full forename(s)	Gary Paul	Other Liquidator's details     Use this section to tell us about
Surname	Shankland	another liquidator.
7	Liquidator's address 🖲	<u> </u>
Building name/numbe	31st Floor	Other Liquidator's details
Street	40 Bank Street	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	London	more than two inquidators.
County/Region		
Postcode	E 1 4 5 N R	
Country		
8	Liquidator's email address or telephone number ®	You must give an email address or
Email address	Gary.Shankland@begbies-traynor.com	telephone number. All information on this form will appear on the
Telephone number	020 7516 1500	public record.
9	Insolvency practitioner number	
Number	0 0 9 5 8 7	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 9 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 & y & 1 & y & 9 \end{bmatrix}$	
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	×
Signature date	d 1 d 9 m o m o m o m o m o m o m o m o m o m	

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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	Gary Shankland	
Company name Begbies Traynor (London) LLP		
Address	31st Floor	
	40 Bank Street	
Post town	London	
County/Regio	n	
Postcode	E 1 4 5 N R	
Country		
ОХ		
Telephone	020 7516 1500	

### ✓ 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