

600

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



Companies House

WEDNESDAY



AAJWUZ37

A20

22/12/2021

#133

COMPANIES HOUSE

1 Company details

Company number 0 9 3 6 0 3 4 6

Company name in full Norwegian Air UK Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) David John

Surname Pike

3 Liquidator's address

Building name/number 10 Fleet Place

Street

Post town London

County/Region

Postcode E C 4 M 7 Q S

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number Tel +44 (0) 203 989 2800

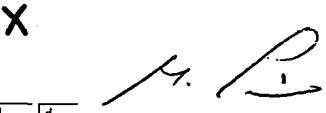

① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 1 5 1 9 0

600

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

6	Liquidator's name^①		
Full forename(s)	Michael Robert		① Other Liquidator's details Use this section to tell us about another liquidator.
Surname	Pink		
7	Liquidator's address^②		
Building name/number	10 Fleet Place		② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Street			
Post town	London		
County/Region			
Postcode	E C 4 M 7 Q S		
Country			
8	Liquidator's email address or telephone number^③		
Email address			③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	Tel +44 (0) 203 989 2800		
9	Insolvency practitioner number		
Number	8 0 0 4		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	<div> <div>d</div> <div>0</div> <div>d</div> <div>2</div> <div>m</div> <div>1</div> <div>m</div> <div>2</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>1</div> </div>		
11	Appointment details		
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature 		
Signature date	<div> <div>d</div> <div>0</div> <div>d</div> <div>8</div> <div>m</div> <div>1</div> <div>m</div> <div>2</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>1</div> </div>		

600

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

6 Liquidator's name^①

Full forename(s)

Stuart

Surname

Irwin

① Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number

Lanyon Quay

Street

Post town

Belfast

County/Region

Postcode

B T 1 3 L G

Country

② Other Liquidator's details

Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

8 Liquidator's email address or telephone number^③

Email address

Telephone number

Tel +44 (0) 203 989 2800

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number

9 5 6 5

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	0	d	2	m	1	m	2	y	2	y	0	y	2	y	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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



X

Signature date

d	0	d	9	m	1	m	2	y	2	y	0	y	2	y	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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



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 **Ella Damman-Smith**

Company name **Interpath Ltd**

Address **319 St Vincent Street**

Glasgow

Post town **G2 5AS**

County/Region

Postcode

Country

DX

Telephone **Tel +44 (0) 203 989 2800**



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