

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

1

Company details

Company number

09377712

Company name in full

Belmont Hotel Management Limited

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

2

Liquidator's name

Full forename(s)

Robert

Surname

Armstrong

3

Liquidator's address

Building name/number

The Shard

Street

32 London Bridge Street

Post town

London

County/Region

Postcode

SE19SG

Country

United Kingdom

4

Liquidator's email address or telephone number <sup>❶</sup>

Email address

Manchester@Kroll.com

Telephone number

0161 827 9000

❶ 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

21332

600

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

**6 Liquidator's name<sup>①</sup>**

Full forename(s)

Surname

**① Other Liquidator's details**

Use this section to tell us about another liquidator.

**7 Liquidator's address<sup>②</sup>**

Building name/number

Street

Post town

County/Region

Postcode

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<sup>③</sup>**

Email address

Telephone number

**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

**10 Statement of appointment**

I confirm the appointment of the liquidator(s) on

Date

<sup>d</sup>1<sup>d</sup>6<sup>m</sup>0<sup>m</sup>6<sup>y</sup>2<sup>y</sup>0<sup>y</sup>2<sup>y</sup>1**11 Appointment details**The appointment was made by  
(Tick one)☐ Company☒ Creditors**12 Type of liquidation**

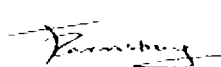
Tick to confirm the liquidation type

☐ Members☒ Creditors**13 Sign and date**

Liquidator's signature

Signature

X



X

Signature date

<sup>d</sup>0<sup>d</sup>6<sup>m</sup>0<sup>m</sup>7<sup>y</sup>2<sup>y</sup>0<sup>y</sup>2<sup>y</sup>1

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

|                                                                                                                                                                                                                  |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                                                                                                 | <b>Presenter information</b> |
| 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                                                                                                                                                                                                     | Amy Summerfield              |
| Company name                                                                                                                                                                                                     | Kroll Advisory Ltd.          |
|                                                                                                                                                                                                                  |                              |
| Address                                                                                                                                                                                                          | The Chancery                 |
| 58 Spring Gardens                                                                                                                                                                                                |                              |
|                                                                                                                                                                                                                  |                              |
| Post town                                                                                                                                                                                                        | Manchester                   |
| County/Region                                                                                                                                                                                                    |                              |
| Postcode                                                                                                                                                                                                         | M 2 1 E W                    |
| Country                                                                                                                                                                                                          | Manchester                   |
| DX                                                                                                                                                                                                               |                              |
| Telephone                                                                                                                                                                                                        | 0161 827 9000                |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
|                      | <b>Checklist</b> |
| We may return forms completed incorrectly or with information missing.                                  |                  |
| Please make sure you have remembered the following:                                                     |                  |
| <input type="checkbox"/> The company name and number match the information held on the public Register. |                  |
| <input type="checkbox"/> You have signed and dated the form.                                            |                  |

|                                                                                                                                  |                              |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                 | <b>Important information</b> |
| All information on this form will appear on the public record.                                                                   |                              |
|                                                 | <b>Where to send</b>         |
| 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,<br>Crown Way, Cardiff, Wales, CF14 3UZ.<br>DX 33050 Cardiff.                        |                              |

|                                                                                                                                                                                                                                                |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                                                                                                              | <b>Further information</b> |
| For further information please see the guidance notes on the website at <a href="http://www.gov.uk/companieshouse">www.gov.uk/companieshouse</a> or email <a href="mailto:enquiries@companieshouse.gov.uk">enquiries@companieshouse.gov.uk</a> |                            |
| This form is available in an alternative format. Please visit the forms page on the website at <a href="http://www.gov.uk/companieshouse">www.gov.uk/companieshouse</a>                                                                        |                            |

## 600 - continuation page

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

## 1 Company details

|                      |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|
| Company number       |  |  |  |  |  |  |  |  |  |  |
| Company name in full |  |  |  |  |  |  |  |  |  |  |
|                      |  |  |  |  |  |  |  |  |  |  |

|   |                   |
|---|-------------------|
| 2 | Liquidator's name |
|---|-------------------|

|                  |  |  |
|------------------|--|--|
| Full forename(s) |  |  |
| Surname          |  |  |

### 3 Liquidator's address

|                      |                                                                                                 |  |
|----------------------|-------------------------------------------------------------------------------------------------|--|
| Building name/number |                                                                                                 |  |
| Street               |                                                                                                 |  |
|                      |                                                                                                 |  |
| Post town            |                                                                                                 |  |
| County/Region        |                                                                                                 |  |
| Postcode             | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |  |
| Country              |                                                                                                 |  |

|   |                                                |   |
|---|------------------------------------------------|---|
| 4 | Liquidator's email address or telephone number | 1 |
|---|------------------------------------------------|---|

|                  |  |                                                                                                                     |
|------------------|--|---------------------------------------------------------------------------------------------------------------------|
| Email address    |  | <p><b>1</b> You must give an email address or telephone number. All information on this form will appear on the</p> |
| Telephone number |  |                                                                                                                     |

**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 |
|---|--------------------------------|

|                                   |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|
| Insolvency practitioner<br>number |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|