mooney (England	AM19	
& paragraph 78(5)(b) of Schedule B1 to the Insolvency Act 1986.	Notice of extension of period of administration	l Companies House
		For further information, please refer to our guidance at www.gov.uk/companieshouse
1	Company details	
Company number		→ Filling in this form
Company name in full		Please complete in typescript or in bold black capitals.
2	Court details	·
Court name		
Court number		
3	Administrator's name	
Full forename(s)		
Surname		
4	Administrator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

AM19 Notice of extension of period of administration

5 Administrator's name o Full forename(s) Use this section to tell us about another administrator. Surname Other administrator's address o Building name/number Other administrator. Street Other administrator. Post town Other administrator. Country/Region Other administrator. Postcode Other administrator. Outer administration extended until Date Image:	Full forename(s) Other administrator Use this section to tell another administrator. 6 Administrator's address o Building name/number Other administrator Building name/number 90ther administrator Street Other administrator Use this section to tell another administrator. Post town County/Region Postcode Image: Counting the period of administration extended until Date d m m y y y 8 Extension of period of administration The period of administration was extended: Image: Desired of the court	ell us abour or. or or ell us abour	Use this section to tell us another administrator.		0	addres	strator's	Admini	ll forename(s)
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Presenter information	Important 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.	All information on this form will appear on the public record.	
Contact name	☑ Where to send	
Company name	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:	
Address	The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.	
Post town		
County/Region		
Postcode Country	i Further information	
Telephone Checklist We may return forms completed incorrectly or with information missing. Please make sure you have remembered the	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	
 following: The company name and number match the information held on the public Register. You have signed and dated the form. 		

Continuation page Name and address of insolvency practitioner

	Name and address of insolvency practitioner	
~	What this form is for Use this continuation page to tell us about another insolvency practitioner where more than 2 are already jointly appointed. Attach this to the relevant form. Use extra copies to tell us of additional insolvency practitioners.	ation Please complete in typescript or in bold black capitals. All fields are mandatory unless
1	Appointment type	
	Tick to show the nature of the appointment: Administrator Administrative receiver Receiver Manager Nominee Supervisor Liquidator Provisional liquidator	 You can use this continuation pag with the following forms: VAM1, VAM2, VAM3, VAM4, VAM6, VAM7 CVA1, CVA3, CVA4 AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25 REC1, REC2, REC3 LIQ02, LIQ03, LIQ05, LIQ13, LIQ14, WU07, WU15 COM1, COM2, COM3, COM4 NDISC
2	Insolvency practitioner's name	
Full forename(s)		
Surname		
3	Insolvency practitioner's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		