In accordance with Rule 3.54 of the Insolvency (England & Wales) Rules 2016 & paragraph 78(5)(b) of Schedule B1 to the Insolvency Act 1986.

AM19

Notice of extension of period of administration



For further information, please refer to our guidance at www.gov.uk/companieshouse

| 1 | Con | npar | ny d | etai | ls | | | | | | | |
|----------------------|-----|----------|-------|-------|----------|-------|---|---|--|--|--|---|
| Company number | | | | | | | | _ | | | | → Filling in this form Please complete in typescript or in |
| Company name in full | | | | | | | | | | | | bold black capitals. |
| | | | | | | | | | | | | |
| 2 | Cou | rt d | etai | ls | | | | | | | | |
| Court name | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| Court number | | | | | | | | | | | | |
| 3 | Adn | ninis | strat | tor's | nan | ne | | | | | | _ |
| Full forename(s) | | | | | | | | | | | | _ |
| Surname | | | | | | | | | | | | |
| 4 | Adn | ninis | strat | tor's | ado | lress | • | | | | | |
| Building name/number | | | | | | | | | | | | |
| Street | | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| Post town | | | | | | | | | | | | _ |
| County/Region | | | | | | | | | | | | _ |
| Postcode | | | | | | | | _ | | | | |
| Country | | <u> </u> | | | <u>-</u> | | · | | | | | _ |
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AM19

Notice of extension of period of administration

| | Administrator's name o | | | | | | | |
|--------------------|---|---|--|--|--|--|--|--|
| Full forename(s) | | Other administrator Use this section to tell us about | | | | | | |
| Surname | | another administrator. | | | | | | |
| 6 | Administrator's address o | | | | | | | |
| Building name/numb | per | Other administrator Use this section to tell us abou | | | | | | |
| Street | | another administrator. | | | | | | |
| | | | | | | | | |
| Post town | | | | | | | | |
| County/Region | | | | | | | | |
| Postcode | | | | | | | | |
| Country | | | | | | | | |
| 7 | Administration extended until | | | | | | | |
| Date | d d m m y y y y | | | | | | | |
| 8 | Extension of period of administration | | | | | | | |
| | The period of administration was extended: | | | | | | | |
| | ☐ By order of the court | | | | | | | |
| | ☐ With the consent of the company's creditors | | | | | | | |
| 9 | Sign and date | <u> </u> | | | | | | |
| Signature | Signature | ., | | | | | | |
| | X J. Marill | X | | | | | | |
| | | | | | | | | |
| Signature date | d d m m y y y | | | | | | | |

AM19

Notice of extension of period of administration

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.

| ontact name |
|--------------|
| ompany name |
| |
| ddress |
| |
| |
| ost town |
| ounty/Region |
| ostcode |
| ountry |
| х |
| elephone |

1

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.

I

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.

i 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

Continuation page 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
- What this form is NOT for You can't use this continuation page to tell us about an appointment, resignation, removal or vacation of office.
- → Filling in this form
 Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

| | additional insolvency practitioners. | |
|----------------------|---|--|
| 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 page 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 | | |
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