In accordance with Rule 3.61(1) of the Insolvency (England & Wales) Rules 2016 & Paragraph 84(8) of Schedule B1 of the Insolvency Act 1986.

AM23

Notice of move from administration to dissolution



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

1	Company details	
Company number		→ Filling in this form Please complete in typescript or in
Company name in full		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		

AM23

Notice of move from administration to dissolution

Surname Administrator's address Building name/number another administrator. Other administrator	5	Administrator's name •			
Administrator's address Building name/number Street Post town County/Region Postcode Country Final progress report I have attached a copy of the final progress report			Use this section to tell us about		
Building name/number Street Post town County/Region Postcode Country Final progress report I have attached a copy of the final progress report			another administrator.		
Use this section to tell another administrator. Post town County/Region Postcode Country Final progress report	6	Administrator's address Output Description:			
Street another administrator. Post town County/Region Postcode Country Final progress report I have attached a copy of the final progress report	Building name/number		- Use this section to tell us abou		
County/Region Postcode Country Final progress report I have attached a copy of the final progress report	Street				
Postcode Country Final progress report I have attached a copy of the final progress report	Post town				
Final progress report I have attached a copy of the final progress report	County/Region				
Final progress report I have attached a copy of the final progress report	Postcode				
☐ I have attached a copy of the final progress report	Country				
	7	Final progress report			
8 Sign and date		☐ I have attached a copy of the final progress report			
	8	Sign and date			
Administrator's signature X					
Signature date		d d m m			

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				
Company name				
Address				
Post town				
County/Region				
County/Negion				
Postcode				
				<u> </u>
Country				
DX				
Telephone				

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 attached the required documents.
- ☐ You have signed 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

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 ☐ Receiver ☐ Manager ☐ Nominee ☐ Supervisor ☐ Liquidator ☐ Provisional liquidator	with the following forms: VAM1, VAM2, VAM3, VAM4, VAM6, VAM7 CVA1, CVA3, CVA4 AM02, AM03, AM04, AM05, AM06, AM07, 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)	Toby Scott	
Surname	Underwood	
3	Insolvency practitioner's address	
Building name/num	ber 8h Floor, Central Square	
Street	29 Wellington Street	
Post town	Leeds	
County/Region	West Yorkshire	
Postcode	L S 1 4 D L	
Country		