In accordance with Rule 3.41 of the Insolvency (England & Wales) Rules 2016.

AM07

Notice of creditor's decision on administrator's proposals



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	Administrator's name			
Full forename(s)				
Surname		_		
3	Administrator's address			
Building name/number				
Street		- -		
Post town		-		
County/Region		_		
Postcode				
Country		-		
4	Administrator's name •			
Full forename(s)		• Other administrator Use this section to tell us about		
Surname		another administrator.		
5	Administrator's address 🛭			
Building name/number		O ther administrator		
Street		 Use this section to tell us about another administrator. 		
		_		
Post town		_		
County/Region		_		
Postcode				
Country		-		

	Notice of creditor's decision on administrator's proposals	
6	Purpose of procedure or meeting	
7	Description of procedure or meeting [®]	
0	Address of mosting	Whether it was a virtual or physical meeting, some other decision procedure (please describe), or deemed consent.
8	Address of meeting	
	If a meeting was held at a physical location, give the address below.	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

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	AM07 Notice of creditor's decision on administrator's proposals								
	Other platform for decision procedure or meeting •	_							
		If a meeting was not held at (or the decision procedure was not undertaken at) a physical location, tell us what means were used—for example email, videolink							
0	Meeting								
	If a meeting was held was the required quorum met?								
	□ Yes								
	□ No								
1	Details of creditors' decisions	<u>'</u>							
_	Details of decisions including any modifications to the proposals approved by the creditors are as follows:								
2	Details of any resolutions passed								
	Give details of any resolutions which were passed.								

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13	Date and time of decision made or resolution passed					
Date	d d m m y y y					
Time	h					
14	Sign and date					
Administrator's signature	Signature X					
Signature date	d					

You

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				
Postcode				
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.
- \square 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.

Turther 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 *

Administrator Administrative receiver Receiver Receiver Manager Nominee Supervisor Liquidator Provisional liquidator Insolvency practitioner's name Insolvency practitioner's address Building name/number Street		additional insolvency practitioners.	
Administrator Administrator Receiver Receiver Manager Nominee Diquidator Directioner's name Insolvency practitioner's address Surrame Street Street	1	Appointment type	
Full forename(s) Surname Insolvency practitioner's address Building name/number Street Post town County/Region Postcode		□ Administrator □ Administrative receiver □ Receiver □ Manager □ Nominee □ Supervisor □ Liquidator	- 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
Surname Insolvency practitioner's address Building name/number Street Post town County/Region Postcode	2	Insolvency practitioner's name	
Insolvency practitioner's address Building name/number Street Post town County/Region Postcode	Full forename(s)		
Building name/number Street Post town County/Region Postcode	Surname		
Post town County/Region Postcode	3	Insolvency practitioner's address	
Post town County/Region Postcode	Building name/number		
County/Region Postcode	Street		
Postcode	Post town		
	County/Region		
Country	Postcode		
Country	Country		