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	ıy 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	trat	tor's	nan	ne								_
Full forename(s)														_
Surname														
4	Adn	ninis	trat	tor's	ado	lress								
Building name/number														
Street														_
														_
Post town														_
County/Region														_
Postcode														
Country														_

## AM19

Notice of extension of period of administration

5	Administrator's name •							
Full forename(s)		Other administrator Use this section to tell us about						
Surname		another administrator.						
6	Administrator's address ø							
Building name/number		<b>2</b> Other administrator Use this section to tell us about						
Street		another administrator.						
Post town								
County/Region								
Postcode								
Country								
7	Administration extended until							
Date	d d m m 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	X X X X							

### 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.

Contact name
Company name
address
Post town
County/Region
ostcode
Country
DX
elephone

### 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.

### 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  Administrative receiver  Receiver  Manager  Nominee  Supervisor  Liquidator  Provisional liquidator	<ul> <li>You can use this continuation page with the following forms:</li> <li>VAM1, VAM2, VAM3, VAM4, VAM6, VAM7</li> <li>CVA1, CVA3, CVA4</li> <li>AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25</li> <li>REC1, REC2, REC3</li> <li>LIQ02, LIQ03, LIQ05, LIQ13, LIQ14, WU07, WU15</li> <li>COM1, COM2, COM3, COM4</li> <li>NDISC</li> </ul>
2	Insolvency practitioner's name	
Full forename(s)		
Surname		
3	Insolvency practitioner's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		