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 abou
Surname		another administrator.
6	Administrator's address @	
Building name/number		Other administrator Use this section to tell us abou
Street		another administrator.
Post town		-
County/Region		-
Postcode		
Country		-
7	Administration extended until	
Date	$oxed{d} oxed{d} oxed{m} oxed{m} oxed{m} oxed{y} oxed{y} oxed{y} oxed{y}$	
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	
Signature	X / X	
	d	

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	 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		