

# AM10 (Scot)

## Notice of administrator's progress report



For further information, please refer to our guidance at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

|                      |                      |
|----------------------|----------------------|
| Company number       | <input type="text"/> |
| Company name in full | <input type="text"/> |

→ **Filling in this form**  
Please complete in typescript or in bold black capitals.

### 2 Administrator's name

|                  |                      |
|------------------|----------------------|
| Full forename(s) | <input type="text"/> |
| Surname          | <input type="text"/> |

### 3 Administrator's address

|                      |                      |
|----------------------|----------------------|
| Building name/number | <input type="text"/> |
| Street               | <input type="text"/> |
| Post town            | <input type="text"/> |
| County/Region        | <input type="text"/> |
| Postcode             | <input type="text"/> |
| Country              | <input type="text"/> |

### 4 Administrator's name ①

|                  |                      |
|------------------|----------------------|
| Full forename(s) | <input type="text"/> |
| Surname          | <input type="text"/> |

① **Other administrator**  
Use this section to tell us about another administrator.

### 5 Administrator's address ②

|                      |                      |
|----------------------|----------------------|
| Building name/number | <input type="text"/> |
| Street               | <input type="text"/> |
| Post town            | <input type="text"/> |
| County/Region        | <input type="text"/> |
| Postcode             | <input type="text"/> |
| Country              | <input type="text"/> |

② **Other administrator**  
Use this section to tell us about another administrator.

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**6** Period of progress report

|           |   |   |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|---|---|
| From date | d | d | m | m | y | y | y | y |
| To date   | d | d | m | m | y | y | y | y |

**7** Progress report

I attach a copy of the progress report

**8** Sign and date

Administrator's  
signature

Signature

X 

X

Signature date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

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### 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

### 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,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh.

### Further information

For further information please see the guidance notes on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://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. ①  
Use extra copies to tell us of additional insolvency practitioners.

✗ **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 \*

## 1 Appointment type

Tick to show the nature of the appointment:

- Administrator
- Administrative receiver
- Receiver
- Manager
- Nominee
- Supervisor
- Liquidator
- Provisional liquidator

① 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