In accordance with Rule 3.60 of the Insolvency (England & Wales) Rules 2016 & Paragraph 83(3) of Schedule B1 to the Insolvency Act 1986.

AM22

Notice of move from administration to creditors' voluntary liquidation



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

1	Compai	ny de	etai	ls							
Company number											→ Filling in this form
Company name in full		<u>' '</u>	<u>'</u>			'					 Please complete in typescript or in bold black capitals.
											_
2	Court d	etail	ls								
Court name											
							 	 		 	_
Court case number											
3	Admini	strat	or's	nan	ne						
Full forename(s)											_
Surname	Steer										
4	Admini	strat	or's	ado	lress						
Building name/number											
Street											_
Post town											
County/Region											
Postcode											
Country											

AM22

Notice of move from administration to creditors' voluntary liquidation

5	Administrator's name •	
Full forename(s)		• Other administrator
Surname	Higgins	 Use this section to tell us about another administrator.
6	Administrator's address [©]	
Building name/number		② Other administrator
Street		 Use this section to tell us about another administrator.
		-
Post town		-
County/Region		-
Postcode		
Country		-
7	Appointor/applicant's name	
	Give the name of the person who made the appointment or the	
	administration application.	
Full forename(s)		
Surname		
8	Proposed liquidator's name	
Full forename(s)		
Surname		
Insolvency practitioner number		
9	Proposed liquidator's address	
Building name/number		_
Street		
		_
Post town		_
County/Region		
Postcode		

AM22

Notice of move from administration to creditors' voluntary liquidation

10	Proposed liquidator's name •	
Full forename(s)		Other liquidator Use this section to tell us abou
Surname		another liquidator.
Insolvency practitioner number		
11	Proposed liquidator's address®	
Building name/number		Other liquidator
Street		Use this section to tell us abou another liquidator.
Post town		
County/Region		
Postcode		
Country		
12	Period of progress report	
From date	d d m m y y y y	
To date	d	
13	Final progress report	
	☐ I have attached a copy of the final progress report.	
14	Sign and date	
Administrator's signature	Instr	
Signature date	d d m m y y y	
Signature date	d d m m y y y y	

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		

Notice of move from administration to creditors' voluntary liquidation

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.
- ☐ You have attached the required documents.
- ☐ 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