mooney (England	AM19	
& paragraph 78(5)(b) of Schedule B1 to the Insolvency Act 1986.	Notice of extension of period of administration	l Companies House
		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	Court details	·
Court name		
Court number		
3	Administrator's name	
Full forename(s)		
Surname		
4	Administrator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

## AM19 Notice of extension of period of administration

Full forename(s)  Other administrator   Surname  Other administrator   G Administrator's address e   Building name/number  Other administrator   Street  Other administrator   Post town  Other administrator.   County/Region  Other administrator.   Postcode  Other administration extended until   Date  Other administration was extended:    By order of the court  With the consent of the company's creditors   Signature  Signand date	5	Administrator's name o	
6 Administrator's address o   Building name/number   Street   Street   Post town   County/Region   Postcode   Image: Image			Use this section to tell us about
Building name/number Street  Street  Post town  County/Region  Postcode  Administration extended until  Date			another administrator.
Street     Street     Post town   Post town County/Region Postcode   Postcode     Image: County/Region   Postcode   Image: County Postcode   Postcode Postcode	6	Administrator's address @	
Street another administrator.   Post town	Building name/number		
County/Region Postcode Postcode Administration extended until Country  Administration extended until Date	itreet		
Postcode Country  Administration extended until Date  d d m m y y y y y y g	Post town		
Country	County/Region		
7 Administration extended until   Date a   a 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 Signature   Signature   MMMS   X	Postcode		
Date 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 Signature   Signature     Signature     Signature     Signature	Country		
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   Signature     X	7	Administration extended until	
The period of administration was extended:         By order of the court         With the consent of the company's creditors         Sign and date         Signature         Signature	Date	d         m         m         y         y         y         y	
By order of the court   With the consent of the company's creditors   Sign and date   Signature   Signature     Y	8	Extension of period of administration	
9 Sign and date   Signature Signature     X MMS     X		The period of administration was extended:	
9     Sign and date       Signature     Signature       X     MMAS		□ By order of the court	
Signature X Mars X		□ With the consent of the company's creditors	
× Mang ×	9	Sign and date	
Signature date d m m y y y y	ignature	M. A.A. Q	×
	signature date	d d m m y y y y	

Presenter information	Important 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.	All information on this form will appear on the public record.	
Contact name	☑ Where to send	
Company name	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:	
Address	The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.	
Post town		
County/Region		
Postcode Country	<b>i</b> Further information	
Telephone  Checklist  We may return forms completed incorrectly or with information missing.  Please make sure you have remembered the	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	
<ul> <li>following:</li> <li>The company name and number match the information held on the public Register.</li> <li>You have signed and dated the form.</li> </ul>		

## Continuation page Name and address of insolvency practitioner

	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 additional insolvency practitioners.	ation Please complete in typescript or in bold black capitals. All fields are mandatory unless
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 pag 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,</li> <li>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		