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	ny 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	strat	tor's	nan	ne						_
Full forename(s)												_
Surname												
4	Adn	ninis	strat	tor's	ado	lress	•					
Building name/number												
Street												_
												_
Post town												_
County/Region												_
Postcode								_				
Country		<u> </u>			<u>-</u>		·					_

# 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 @	
Building name/numb	er	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   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 Adam Se	×
Signature date	d d w w y y y	

#### **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.

ontact name
ompany name
ddress
ost town
ounty/Region
ostcode
ountry
х
elephone

## 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 signed and dated the form.

I

### 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.

## **i** 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		