In accordance with
Rule 3.75(9) of The
Insolvency (Scotland)
(Company Voluntary
Arrangements and
Administration) Rules
2018.



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

Company and administrator's details Part A **Company details** A1 → Filling in this form Company number 7 2 S С 0 4 6 8 Please complete in typescript or in bold black capitals. Company name in full JFN Limited Administrator's name A2 Full forename(s) **Oliver Stuart** Surname Wright **A3** Administrator's address 2nd Floor Landmark **Building name/number** Street St Peter's Square 1 Oxford Street Post town Manchester County/Region Postcode Μ 1 4 Ρ В Country

A2	Administrator's name •							
Full forename(s)	Matthew Boyd	• Other administrator Use this section to tell us about						
Surname	Callaghan ose this section to another administration							
A3	Administrator's address 🛛							
Building name/number	200 Aldersgate	Other administrator						
treet	Aldersgate Street Use this section to tell us another administrator.							
ost town	London	_						
ounty/Region		-						
Postcode								
Country		-						
Part B	Committee							
	Show the details of committee members who are individuals							
ndividual meml	per							
81	Member name							
ull forename(s)								
urname								
	Member address							
82	Member address							
B2 Building name/number	Member address	_						
B2 Building name/number	Member address	-						
B2 Building name/number treet	Member address	-						
B2 Building name/number Street Post town	Member address							
Surname B2 Building name/number Street Post town County/Region Postcode	Member address							

Individual member

B1	Member name	
Full forename(s)		
Surname		
B2	Member address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

Individual member

B1	Member name	
Full forename(s)		
Surname		
B2	Member address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

Individual member

B1	Member name	
Full forename(s)		
Surname		
B2	Member address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

Individual member

B1	Member name	
Full forename(s)		
Surname		
B2	Member address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

B3	Corporate members									
	Sho	w the	e deta	ails o	f corp	orate	comi	nit	tee members.	
	Cor	pora	ite i	men	ber	deta	ails		_	
Registered number	0	2	2	6	4	2	5	1		
Registered name in full	Ma	gno>	x Lin	nited						
	Cor	pora	ate i	men	ıber	deta	ails			
Registered number	1	1	9	5	2	6	0	5		
Registered name in full	Nu	cleai	r De	com	miss	ioning	g Lir	nite	ed	
	Cor	pora	ate i	men	ıber	deta	ails			
Registered number	0	2	9	6	6	9	2	3	_	
Registered name in full	Re	act E	Engii	neer	ing L	.imite	d			
	Cor	pora	ate i	men	ıber	deta	ails			
Registered number	0	2	9	2	6	8	7	1	_	
Registered name in full	Sh	epley	y En	gine	ers l	imite	d			
	Cor	pora	ate i	men	ıber	deta	ails			
Registered number	0	3	1	7	0	4	8	1	_	
Registered name in full	We	st C	umb					g L	_imited	
										1

B4	Constitution of committee								
	☑ The committee has been duly constituted.								
Part C	Signature								

C1	Sign and date	
Administrator's signature	Signature State	×
Signature date	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	

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.		
<i>i</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

	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.	→ Filling in this form Please complete in typescript or in bold black capitals.
1	Appointment type	
	Tick to show the nature of the appointment: Administrator Receiver Nominee Supervisor Liquidator Provisional liquidator	 You can use this continuation page with the following forms: VAM1 (Scot), VAM2 (Scot), VAM3 (Scot), VAM4 (Scot), VAM6 (Scot), VAM7 (Scot) VAM8 (Scot) CVA1 (Scot), CVA3 (Scot), CVA4 (Scot) CVA1 (Scot), AM03 (Scot) AM02 (Scot), AM03 (Scot) AM04 (Scot), AM05 (Scot), AM06 (Scot), AM07 (Scot), AM08 (Scot), AM07 (Scot), AM10 (Scot), AM12 (Scot), AM19 (Scot), AM10 (Scot), AM12 (Scot), AM12 (Scot), AM21 (Scot), AM22 (Scot), AM23 (Scot), AM24 (Scot), AM22 (Scot) REC1(Scot), REC3 (Scot) LIQ13 (Scot), LIQ14 (Scot), WU15 (Scot), COM2 (Scot),
2	Insolvency practitioner's name	
Full forename(s)	Christopher Jon	
Surname	Bennett	—
3	Insolvency practitioner's address	1
Building name/number	200 Aldersgate	
Street	Aldersgate Street	
Post town	London	—
County/Region		—
Postcode	E C 1 A 4 H D	
Country		