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	ıy 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	trat	tor's	nan	ne							_
Full forename(s)													_
Surname													
4	Adn	ninis	trat	tor's	ado	lress							
Building name/number													
Street													_
													_
Post town													_
County/Region													_
Postcode													
Country													_

## AM19

Notice of extension of period of administration

Date d d m m y y y y	Other administrator Use this section to tell us about another administrator.  Other administrator Use this section to tell us about another administrator.									
Administrator's address  Building name/number  Street  Post town  County/Region  Postcode  Country  Administration extended until  Date  Date	Other administrator Use this section to tell us abou									
Building name/number  Street  Post town  County/Region  Postcode  Country  Administration extended until  Date  Date	Use this section to tell us abou									
Post town  County/Region  Postcode  Country  Administration extended until  Date  Date	Use this section to tell us abou									
Post town  County/Region  Postcode  Country  Administration extended until  Date  Date										
County/Region Postcode Country  Administration extended until Date  Date										
Postcode  Country  Administration extended until  Date  Date										
Country  Administration extended until  Date  Date										
7 Administration extended until  Date										
Date d m m y y y y										
Date										
8 Extension of period of administration										
	Extension of period of administration									
The period of administration was extended:										
☐ By order of the court										
☐ With the consent of the company's creditors	5									
9 Sign and date	Sign and date									
Signature Signature										
×	×									
Signature date d m m y 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.

Contact name
Company name
address
Post town
County/Region
ostcode
Country
DX
elephone

### 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.

### 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

## 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		