In accordance with Rule 3.38 of the Insolvency (England & Wales) Rules 2016	AM06 Notice of approval of administrator's proposals	Companies House
		For further information, please refer to our guidance at www.gov.uk/companieshouse
1	Company details	
Company number Company name in full		→ Filling in this form Please complete in typescript or in bold black capitals.
2	Court details	1
Court name		
Court case number		
3	Administrator's name	
Full forename(s)		
Surname		
4	Administrator's address	1
Building name/numbe	r	
Street		
Post town		
County/Region		
Postcode		
Country		

5	Administrator's name o	
ull forename(s)		• Other administrator Use this section to tell us about
burname		another administrator.
6	Administrator's address 🛛	
Building name/numb	er	Other administrator Use this section to tell us about
treet		another administrator.
ost town		
County/Region		
ostcode		
ountry		
1	Date administrator(s) appointed	
Date	d d m m y y y	
8	Date statement of proposals delivered to creditors	
late	d d m m y y y	
9	Date proposals were deemed to be approved	
Date	d d m m y y y y	
10	Sign and date	
Administrator's ignature	Signature X affinity	×
ignature date		

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.	
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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.	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	 You can use this continuation pag with the following forms: 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 NDISC
2	Insolvency practitioner's name	
Full forename(s)		
Surname		
3	Insolvency practitioner's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		