In accordance with Rule 3.27 of the Insolvency (England & Wales) Rules 2016 & paragraph 46(4) of Schedule B1 to the Insolvency Act 1986.

AM01 Notice of administrator's appointment



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

1	Compa	ny d	etai	ls										
Company number														→ Filling in this form Please complete in typescript or in
Company name in full														bold black capitals.
2	Court	letai	ls											
Court name														
Court name														-
Court number														
3	Admini	strat	tor's	nan	ne					'		'		1
Full forename(s)														
Surname														
4	Admin	strat	tor's	ado	lress	5								·
Building name/number														
Street														-
														-
Post town														-
County/Region														-
Postcode														
Country		•												-
5	Admin	strat	tor's	ema	ail a	ddre	ss or	tele	ohor	e nu	ımbe	r O		·
Email address														You must give an email address o
Telephone number														telephone number. All informatio on this form will appear on the public record.
6	Insolve	ncy	prac	titio	ner	num	ber							
Insolvency practitioner number														

AM01 Notice of administrator's appointment

7	Administrator's name •	
Full forename(s)		Other administrator
Surname		Use this section to tell us about another administrator.
8	Administrator's address [©]	
Building name/number		2 Other administrator
Street		Use this section to tell us about another administrator.
Post town		
County/Region		
Postcode		
Country		
9	Administrator's email address or telephone number 9	<u>'</u>
Email address		4 You must give an email address o
Telephone number		telephone number. All information on this form will appear on the public record.
10	Insolvency practitioner number	
Insolvency practitioner number		
11	Statement of appointment	
	I confirm the appointment of the administrator(s) on	
Date	d m m y y y y	
12	Name of person, body or court appointing administrator	
Person, body or court name		
13	Sign and date	<u> </u>
Administrator's signature	X X	
	d	

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
Postcode
Country
DX
Telephone

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.

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