



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

Part A Company and office holder's details

A1 Company details

Company number	<input type="text"/>
Company name in full	<input type="text"/>

→ **Filling in this form**
Please complete in typescript or in bold black capitals.

A2 Office holder's name

Full forename(s)	<input type="text"/>
Surname	<input type="text"/>

A3 Office holder's address

Building name/number	<input type="text"/>
Street	<input type="text"/>
Post town	<input type="text"/>
County/Region	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

IE04

Statement of insolvency proceedings in another Member State with consent to dissolution

A2 Office holder's name ¹

Full forename(s)

Surname

1 Other office holder

Use this section to tell us about another office holder.

A3 Office holder's address ²

Building name/number

Street

Post town

County/Region

Postcode

Country

2 Other office holder

Use this section to tell us about another office holder.

Part B Other insolvency proceedings ³

Tick to confirm

There are other insolvency proceedings in respect of the company open in another Member State(s)

3 Other insolvency proceedings

Use this section to tell us about insolvency proceedings for this company in other Member States

Use a continuation page if necessary

Details of proceedings

B1 Company details

Company number

Company name in full

B2 Court details

Court name

Court number

B3 Member State liquidator's name

Full forename(s)

Surname

B4 Member State liquidator's address

Building name/number

Street

Post town

County/Region

Postcode

Country

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Part C Attachments and Signature

C1

Attachments

I attach:
(Tick one)

- LIQ14
- WU15
- AM23

- L64.01
- L64.07

C2

Sign and date

Office holder's
signature

Signature

X

X

Signature date

d d m m y y y y

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Statement of insolvency proceedings in another Member State with consent to dissolution



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



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 the form.
- You have attached the required documents



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 or LP - 4 Edinburgh 2 (Legal Post).



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