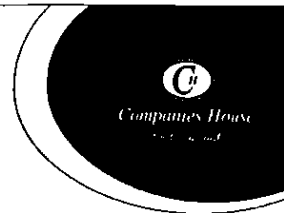


DS01

Striking off application by a company



A fee is payable with this form
Please see 'How to pay' on the last page

☒ **What this form is for**
You may use this form to strike off a company from the Register. Please ensure you read the guidance before completing this form.

☒ **What this form is NOT for**
You cannot use this form to strike off a Limited Liability Partnership (LLP). To strike off an LLP please use form LL DS01 'Striking off application by a Limited Liability Partnership (LLP)'.

For further information, please



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COMPANIES HOUSE

Please complete in **bold black capitals**

All fields are mandatory unless specified or indicated by *

1 Company details

Company number 6 1 0 0 7 9

Company name in full **CARILLION INSURANCE BROKERS LIMITED**

2 The application

Warning to all applicants

It is an offence to knowingly or recklessly provide false or misleading information on this application.

You are advised to read section 4 and to consult the guidance available from Companies House before completing this form. If in doubt, seek professional advice.

I/We as director(s)/the majority of directors apply for this company to be struck off the Register and declare that none of the circumstances described in section 1004 or 1005 of the Companies Act 2006 (being circumstances in which the directors would otherwise be prohibited under those sections from making an application) exists in relation to the company.

This form must be signed by the sole director if only 1, by both if there are 2, or by the majority if there are more than 2.

Please read the guidance on our website www.companieshouse.gov.uk or section 1003 or 1004 of the Companies Act 2006 for circumstances under which an application may **not** be made.

Please note that on dissolution all property and rights etc will be passed to the Crown.

Further Guidance
Guidance on striking off is available from our website at www.companieshouse.gov.uk

3 Signatures of the director(s)

Signature ☒ *Tim George* ☒

Name **MR TIMOTHY FRANCIS GEORGE**

Date 0 8 0 4 2 0 1 0

Signature ☒ *LTCH* ☒

Name **MR RICHARD FRANCIS TAPP**

Date 0 8 0 4 2 0 1 0

Further signatures
Please use the next page to enter further signatures.