

## Rule 3.32

The Insolvency Act 1986

Receiver or Manager or  
Administrative Receiver's  
Abstract of Receipts and  
Payments

S.38/R

Please do not  
write in  
this margin†Administrative  
receiverships  
onlyPlease complete  
legibly, preferably  
in black type, or  
bold block lettering\*Insert full name  
of companyPursuant to Section 38 of the Insolvency Act 1986  
Rule 3.32(1) of the Insolvency Rules 1986

To the Registrar of Companies

†To the Company  
†To the members of the Creditors Committee  
†To the appointer of administrative receiver

For official use

Company Number

1242087

Name of Company

\* M Raper &amp; Sons Limited

I/We **D M Middleton**  
of **Coopers & Lybrand**  
**Hadrian House**  
**Higham Place**  
**Newcastle-upon-Tyne**  
**Tyne & Wear**  
**NE1 8BP**

G S Goldie

‡Delete as  
appropriateappointed ~~receiver~~ ~~manager~~ [receiver and manager] ‡ of the company on

17 May 1990

present overleaf ~~my~~ [our] ‡ abstract of receipts and payments for the period  
from

17 May 1996

to

16 May 1997

William T. M. Cleghorn

number of pages in this abstract

3

Power of Attorney W. T. M. Cleghorn

Signed

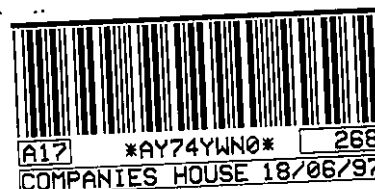
Date 7/6/97

Presenter's name, address and reference:

A Rodger  
Coopers & Lybrand  
Hadrian House  
Higham Place  
Newcastle-upon-Tyne  
Tyne & Wear NE1 8BP  
0191 261 2121

For Official Use

Liquidation







## ENDURING POWER OF ATTORNEY

### PART A: About using this form

1. You may choose one attorney or more than one.

If you choose one attorney then you must delete everything between the square brackets on the first page of the form. If you choose more than one, you must decide whether they are able to act:

- \* Jointly (that is, they must all act together and cannot act separately) or
- \* Jointly and severally (that is, they can all act together but they can also act separately if they wish).

On the first page of the form, show what you have decided by crossing out one of the alternatives.

2. If you give your attorney(s) general power in relation to all of your property and affairs, it means that they will be able to deal with your money or property and may be able to sell your house.
3. If you don't want your attorney(s) to have such wide powers, you can include any restrictions you like. For example, you can include a restriction that your attorney(s) must not act on your behalf until they have reason to believe that you are becoming mentally incapable; or a restriction as to what your attorney(s) may do. Any restrictions you choose must be written or typed where indicated on the second page of the form.
4. If you are a trustee (and please remember that co-ownership of a home involves trusteeship), you should seek legal advice if you want your attorney(s) to act as a trustee on your behalf.
5. Unless you put in a restriction preventing it your attorney(s) will be able to use any of your money or property to make any provision which you yourself might be expected to make for their own needs or the needs of other people. Your attorney(s) will also be able to use your money to make gifts, but only for reasonable amounts in relation to the value of your money and property.

6. Your attorney(s) can recover the out of pocket expenses of acting as your attorney(s). If your attorney(s) are professional people, for example solicitors or accountants, they may be able to charge for their professional services as well. You may wish to provide expressly for remuneration of your attorney(s) (although if they are trustees they may not be allowed to accept it).
7. If your attorney(s) have reason to believe that you have become or are becoming mentally incapable of managing your affairs, your attorney(s) will have to apply to the Court of Protection for registration of this power.
8. Before applying to the Court of Protection for registration of this power, your attorney(s) must give written notice that this is what they are going to do, to you and your nearest relatives as defined in the Enduring Powers of Attorney Act 1985. You or your relatives will be able to object if you or they disagree with registration.
9. This is a simplified explanation of what the Enduring Powers of Attorney Act 1985 and the Rules and regulations say. If you need more guidance, you or your advisers will need to look at the Act itself and the Rules and Regulations. The Rules are the Court of Protection (Enduring Powers of Attorney) Rules 1986 (Statutory Instrument 1986 No 127). The Regulations are the Enduring Powers of Attorney (Prescribed form) Regulations 1990 (Statutory Instrument 1990 No 1376).
10. Note to Attorney(s)  
  
After the power has been registered you should notify the Court of Protection if the donor dies or recovers.
11. Note to Donor  
  
Some of these explanatory notes may not apply to the form you are using if it has already been adapted to suit your particular requirements.

YOU CAN CANCEL THIS POWER AT ANY TIME BEFORE IT HAS  
TO BE REGISTERED

PART B: To be completed by the 'donor' (the person appointing the attorney(s))

DON'T SIGN THIS FORM UNLESS YOU UNDERSTAND WHAT IT MEANS

Please read the notes in the margin which follow and are part of the form itself.

Donor's name and address I DAVID MILES MIDDLETON.....  
of Ingleboro, St. Helens Lane,.  
Corbridge, Northumberland NE45 8JD

Donor's date of birth born on 15th June 1938.appoint....

See note 1 on the front of this form. If you are appointing only one attorney you should cross out everything between the square brackets. If appointing more than two attorneys please give the additional name(s) on an attached sheet.

William Thomson Mercer Cleghorn  
of Hadrian House, Higham Place,...  
Newcastle upon Tyne, NE1 8BP.....

Cross out the one which does not apply (see note 1 on the front of this form).

to be my attorney for the purpose of the Enduring Powers of Attorney Act 1985.

Cross out the one which does not apply (see note 2 on the front of this form). Add any additional powers.

\* with authority to do the following on my behalf:

To exercise all powers granted to me in relation to any Appointments.

"Appointments" means any appointment in my name either jointly, severally, solely or otherwise under the Insolvency Act 1986 and the Law of Property Act 1925 or any equivalent previous or subsequent legislation and also any appointments by any individual company, firm institution, association, club or other such

body in whose favour either a fixed or floating or other equivalent security has been granted so enabling them to appoint.

in relation to

Cross out the one which  
does not apply

\* the following property and  
affairs:

All such property and affairs which strictly and directly relate to the Appointments defined above and for the avoidance of any doubt excluding any property of mine both real and personal whatsoever and wheresoever

Part B: continued

\* subject to the following  
restrictions and conditions:

Please read the notes in  
Margin which follow and  
which are part of the  
form itself.

This power is subject to the condition that it shall automatically terminate in the event that William Thomson Mercer Cleghorn ceases to be qualified to act as an Insolvency Practitioner or ceases to be a partner with Coopers & Lybrand and/or Cork Gully Chartered Accountants

If there are restrictions or conditions, insert them here; if not, cross out these words if you wish (See note 3 on the front of this form).

If this form is being signed at your discretion:-

\*the person signing must not be an attorney or any witness (to Parts B or C).

\*you must add a statement that this form has been signed at your direction.  
\* a second witness is necessary (please see below).

I intend that this power shall continue even if I become mentally incapable.

I have read or have had read to me the notes in Part A which are part of, and explain, this form.

Signed by me as a deed

Your signature (or mark)

and delivered

Date

on

Someone must witness your signature

in the presence of

Signature of witness

Full name of witness

Your attorney(s) cannot be your witness. It is not advisable for your husband or wife to be your witness

Address of witness

76 Margaret Street

Newcastle upon Tyne

NE1 1TH



Note 1 - This form may be adapted to provide for execution by a corporation.

2 - If there is more than one attorney additional sheets in the form as shown below must be added to this Part C.

Please read the notes in the margin which follow and which are part of the form itself.

Don't sign this form before the donor has signed Part B or if, in your opinion, the donor was already mentally at the time of signing Part B.

If this form is being signed at your direction:-

\* the person signing must not be an attorney or any witness (to Parts B or C).

\* you must add a statement that this form has been signed at your direction

\* a second witness is necessary (please see below).

Signature (or mark) or attorney.

Date.

Signature of witness.

I understand that I have a duty to apply to the Court for the registration of this form under the Enduring Powers of Attorney Act 1985 when the donor is becoming or has become mentally incapable.

I also understand my limited power to use the donor's property to benefit persons other than the donor.

I am not a minor

Signed by me as a deed

.....*L. Subeefon*.....

and delivered

on 21 October 1996 .....

in the presence of

.....*M. BARKAS*.....

Full name of witness

.....*MARIE BARKAS*.....

The attorney must sign the  
form and his signature  
must be witnessed. The  
donor may not be the  
witness.

Address of witness

.....72 NORTH DRIVE.....  
.....WOODCROFT GREEN.....  
.....HEBBURN.....  
.....TYNE & NEAR  
.....NE31 LEW.....