In accordance with Section 1003 of the Companies Act 2006

# 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

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What this form is NOT for You cannot use this form to off a Limited Liability Partne (LLP) To strike off an LLP ple use form LL DS01 'Striking o application by a Limited Liab Partnership (LLP)'



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24/06/2014 #2 COMPANIES HOUSE

### Warning to all interested parties

This is an important notice and should not be ignored. The company named has applied to the Registrar to be struck off the Register and dissolved. Please note that on dissolution any remaining assets will be passed to the Crown. The Registrar will strike the company off the register unless there is reasonable cause not to do so. Guidance is available on grounds for objection. If in doubt, seek professional advice.

1

Company details

Company number

0 4 1 8 1 9 1 3

Company name in full

Morley & Scott Financial Services Limited

Filling in this form
 Please complete in typescript or in bold black capitals

All fields are mandatory unless specified or indicated by \*

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### 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

→ Go to Section 3 'Name(s) and Signature(s) of the directors'

Please read the guidance on our website at www companieshouse gov uk or section 1004 or 1005 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

## DS01 Striking off application by a company

| 3                    | Name(s) and signature(s) of the director(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |  |  |  |  |  |  |  |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Name (Print clearly) | Julie Barbara Adams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Warning to all applicants                                                                                                                   |  |  |  |  |  |  |  |
| Signature            | X X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | It is an offence to knowingly<br>or recklessly provide false or<br>misleading information on this<br>application                            |  |  |  |  |  |  |  |
| Signature date       | 1/8/01/6/2/01/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please note that on dissolution<br>all property and rights etc will be<br>passed to the Crown                                               |  |  |  |  |  |  |  |
| Name (Print clearly) | Michael George Sands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | You are advised to read Section 4                                                                                                           |  |  |  |  |  |  |  |
| Signature            | X X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and to consult the guidance notes<br>available from Companies House<br>before completing this form If in<br>doubt, seek professional advice |  |  |  |  |  |  |  |
| Signature date       | 168 106 120114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name and date Please ensure that you complete the name and signature date                                                                   |  |  |  |  |  |  |  |
| Name (Print clearly) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signatures                                                                                                                                  |  |  |  |  |  |  |  |
| Signature            | Signature X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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                |  |  |  |  |  |  |  |
| Signature date       | d d m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Further signatures Please use a continuation page if you need to enter further                                                              |  |  |  |  |  |  |  |
| Name (Print clearly) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | signatures                                                                                                                                  |  |  |  |  |  |  |  |
| Signature            | Signature X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |  |  |  |  |  |  |  |
| Signature date       | d d m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |  |  |  |  |  |  |  |
| 4                    | What to do next                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |
|                      | Notify all parties.  Please ensure that you send copies of this application to all notifiable parties e.g. creditors, employees, shareholders, pension managers or trustees and other directors of the company within 7 days from the day on which the application is made.  Please also send copies to anyone who later becomes a notifiable party within 7 days of this taking place. This applies from the day of application and before the day on which the application is finally dealt with or withdrawn. Please check the guidance notes which contain a full list of those who must be notified. Failure to notify interested parties is an offence. It is advisable to obtain and retain some proof of delivery or posting of copies to notifiable parties.  Withdrawal of striking off application by a company. If the company ceases to be eligible for striking off at any time after the application is made, and before the application is finally dealt with, as specified in section 1009 of the Companies Act 2006, then the application must be withdrawn using form DS02. Withdrawal of striking off application by a company' available from our website. www.companieshouse. |                                                                                                                                             |  |  |  |  |  |  |  |

#### **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 David Gibbons |   |   |   |             |   |   |   |   |
|----------------------------|---|---|---|-------------|---|---|---|---|
| Company name Menzies LLP   |   |   |   |             |   |   |   |   |
|                            |   |   |   |             | • |   |   |   |
| Address Suite A 1st Floor  |   |   |   |             |   |   |   |   |
| Midas House                |   |   |   |             |   |   |   |   |
| 62 Goldsworth Road         |   |   |   |             |   |   |   |   |
| Post town Woking           |   |   |   |             |   |   |   |   |
| County/Region Surrey       |   |   |   |             |   |   |   |   |
| Postcode                   | G | U | 2 | 1           |   | 6 | L | Q |
| Country UK                 |   |   |   |             | · |   |   |   |
| DX                         |   |   |   |             |   |   |   |   |
| Telephone                  |   |   |   | <del></del> |   | ٠ |   |   |

### Checklist

We may return the 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
- ☐ The correct number of current directors have signed and dated the form - 1 director if there is only 1 director, both if there are 2, and the majority if there are more than 2 e.g. Out of 6 directors, 4 must sign
- You have included a printed name and date for the signature(s)
- You have included a continuation sheet (available from www companieshouse gov uk) if applicable
- You have enclosed the correct fee

### Important information

Please note that all information on this form will appear on the public record.

### How to pay

A fee of £10 is payable to Companies House in respect of a striking off application.

Make cheques or postal orders payable to 'Companies House '

#### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales. The Registrar of Companies, Companies House,

Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

For companies registered in Scotland

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland: The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street,

Belfast, Northern Ireland, BT2 8BG DX 481 NR Belfast 1

#### **Further information**

For further information please see the guidance notes on the website at www companieshouse gov uk or email enquiries@companieshouse gov uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

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