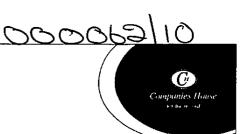
**DS01** 

## 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 f You cannot use this form off a Limited Liability Part (LLP) To strike off an LLP use form LL DS01 'Striking application by a Limited L Partnership (LLP)'



A50 28/04/2010 COMPANIES HOUSE

36

Company details

Company number 0 5 8 1 6 7 9 3

Company name in full LAMVILLE LIMITED

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

All fields are mandatory unless specified or indicated by \*

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 cloubt, 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 form 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	Signature X	×	Further signatures Please use the next page to enter further signatures
Name	MR D FIREMAN		
Date	12 7 TO 74 72 70 1 70		
Signature	Signature	X	
Name			
Date	d d m m y y y		