In accordance with Rule 3.41 of the Insolvency (England & Wales) Rules 2016.

AM07

Notice of creditor's decision on administrator's proposals



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

1	Company details	
Company number	0 6 0 2 2 5 2 8	→ Filling in this form Please complete in typescript or i
Company name in full	Casual Dining Services Limited	bold black capitals.
2	Administrator's name	
Full forename(s)	Clare	
Surname	Kennedy	
3	Administrator's address	
Building name/number		
Street	6 New Street Square	
Post town	London	
County/Region		
Postcode	EC4ABF	
Country		
4	Administrator's name •	
Full forename(s)	Catherine	Other administrator Use this section to tell us about
Surname	Williamson	another administrator.
5	Administrator's address ²⁰	
Building name/number	8th Floor	② Other administrator
Street	Ship Canal House	Use this section to tell us about another administrator.
	98 King Street	
Post town	Manchester	
County/Region		
Postcode	M 2 4 W U	
 Country		

	AM07 Notice of creditor's decision on administrator's proposals		
6	Purpose of procedure or meeting		
	To obtain approval of Administrators' Proposals, basis of fees and disbursements.		
7	Description of procedure or meeting®		
	Approval via written correspondence and voting.	Whether it was a virtual or physical meeting, some other decision procedure (please describe), or deemed consent.	
8	Address of meeting		
	If a meeting was held at a physical location, give the address below.		
Building name/number			
Street			
Post town			
County/Region			
Postcode			

Country

AM07 Notice of creditor's decision on administrator's proposals Other platform for decision procedure or meeting • If a meeting was not held at (or Letters, emails and voting form. the decision procedure was not undertaken at) a physical location, tell us what means were used-for example email, videolink 10 Meeting If a meeting was held was the required guorum met? ☐ Yes □ No Details of creditors' decisions Details of decisions including any modifications to the proposals approved by the creditors are as follows: Acceptance of the Administrators' statement of proposals. Acceptance that the basis of the Administrators' fees be fixed by reference to time costs Acceptance for the Administrators to draw fees as and when funds are available. Acceptance for the Administrators to draw Category 2 disbursements on the basis proposed in their Statement of Proposals. Acceptance that the Administrators will be discharged from liability immediately upon their appointment as Administrators ceasing to have effect. 12 Details of any resolutions passed Give details of any resolutions which were passed. Acceptance of the Administrators' statement of proposals. Acceptance that the basis of the Administrators' fees be fixed by reference to time costs Acceptance for the Administrators to draw fees as and when funds are available. Acceptance for the Administrators to draw Category 2 disbursements on the basis proposed in their Statement of Proposals. Acceptance that the Administrators will be discharged from liability

immediately upon their appointment as Administrators ceasing to

have effect.

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13	Date and time of decision made or resolution passed	
Date	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Time	1 1 2 1 3 1 </td <td></td>	
14	Sign and date	
Administrator's signature	X Comara X	
Signature date	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	

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	Abhay Kapoor	
Company name	AlixPartners	
Address 8th	n Floor	
Ship Car	nal House	
98 King Street		
Post town Ma	anchester	
County/Region		
Postcode	M 2 4 W U	
Country		
DX		
Telephone 01	61 838 4500	

✓ Cł

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.

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

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

Continuation page
Name and address of insolvency practitioner

	What this form is for Use this continuation page to tell us about another insolvency practitioner where more than 2 are already jointly appointed. Attach this to the relevant form. Use extra copies to tell us of additional insolvency practitioners. What this form is NOT for You can't use this continuation page to tell us about an appointment, resignation, removal or vacation of office.	→ Filling in this form Please complete in typescript or in bold black capitals. All fields are mandatory unless specified or indicated by *
1	Appointment type	
	Tick to show the nature of the appointment: ☐ Administrator ☐ Administrative receiver ☐ Receiver ☐ Manager ☐ Nominee ☐ Supervisor ☐ Liquidator ☐ Provisional liquidator	 ◆ You can use this continuation page with the following forms: VAM1, VAM2, VAM3, VAM4, VAM6, VAM7 CVA1, CVA3, CVA4 AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25 REC1, REC2, REC3 LIQ02, LIQ03, LIQ05, LIQ13, LIQ14, WU07, WU15 COM1, COM2, COM3, COM4 NDISC
2	Insolvency practitioner's name	
Full forename(s)	Peter	
Surname	Saville	
3	Insolvency practitioner's address	
Building name/number		
Street	6 New Street Square	-
Post town	London	-
County/Region		-
Postcode	EC4ABF	
Country		

Continuation page
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2	Insolvency practitioner's name	
Full forename(s)	Daniel	
Surname	Imison	
3	Insolvency practitioner's address	
Building name/number		
Street	6 New Street Square	
Post town	London	
County/Region		
Postcode	E C 4 A 3 B F	
Country		