

In accordance with
Rule 3.54 of the
Insolvency (England
& Wales) Rules 2016
& paragraph 78(5)(b)
of Schedule B1 to the
Insolvency Act 1986.

AM19

Notice of extension of period of administration

WEDNESDAY



A22 *A7Y7ZIH7* 30/01/2019 #18
COMPANIES HOUSE

n, please
at
eshouse

1 Company details

Company number 0 9 1 1 5 9 1 6

Company name in full Zinc York 2 Limited

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

2 Court details

Court name High Court of Justice, Business and Property Courts of England
and Wales, Insolvency and Companies List

Court number 2 0 8 0 f 2 0 1 8

3 Administrator's name

Full forename(s) Catherine Mary

Surname Williamson

4 Administrator's address

Building name/number The Zenith Building

Street 26 Spring Gardens

Post town Manchester


County/Region


Postcode M 2 1 A B

Country

AM19







Notice of extension of period of administration

5	Administrator's name 	
Full forename(s)	Daniel	Other administrator Use this section to tell us about another administrator.
Surname	Imison	

6	Administrator's address 		
Building name/number	6 New Street Square		Other administrator Use this section to tell us about another administrator.
Street			
Post town	London		
County/Region			
Postcode	E C 4 A 3 B F		
Country			

7	Administration extended until									
Date	<table><tr><td>^d0</td><td>^d9</td><td>^m0</td><td>^m1</td><td>^y2</td><td>^y0</td><td>^y2</td><td>^y0</td></tr></table>	^d 0	^d 9	^m 0	^m 1	^y 2	^y 0	^y 2	^y 0	
^d 0	^d 9	^m 0	^m 1	^y 2	^y 0	^y 2	^y 0			

8	Extension of period of administration	
The period of administration was extended:		
<input checked="" type="checkbox"/> By order of the court		
With the consent of the company's creditors		

9	Sign and date									
Signature	<table><tr><td>Signature</td><td><table><tr><td>X</td><td></td><td>X</td></tr></table></td></tr></table>	Signature	<table><tr><td>X</td><td></td><td>X</td></tr></table>	X		X				
Signature	<table><tr><td>X</td><td></td><td>X</td></tr></table>	X		X						
X		X								
Signature date	<table><tr><td>^d2</td><td>^d9</td><td>^m0</td><td>^m1</td><td>^y2</td><td>^y0</td><td>^y1</td><td>^y9</td></tr></table>	^d 2	^d 9	^m 0	^m 1	^y 2	^y 0	^y 1	^y 9	
^d 2	^d 9	^m 0	^m 1	^y 2	^y 0	^y 1	^y 9			

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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 **Melissa Fielding**

Company name **AlixPartners UK LLP**

Address **The Zenith Building**

26 Spring Gardens

Post town **Manchester**

County/Region

Postcode **M 2 1 A B**

Country

DX

Telephone **0161 838 4529**



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 and dated 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. ❶
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

❶ 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
- LIQ2, LIQ3, LIQ05, LIQ13, LIQ14,
- WU07, WU15
- COM1, COM2, COM3, COM4
- NDISC

2 Insolvency practitioner's name

Full forename(s) Alastair

Surname Beveridge

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