

Please complete in typescript, or in bold black capitals CHFP000

# **22**5

### Change of accounting reference date

#### **Company Number**

## 3725015

#### Company Name in Full

FINANCIAL	SERVICES	OMBUDSMAN	SCHEME
LIMITED			

The accounting reference period ending

Day Month Year 0 0 0

Day

Year

is shortened/extended so as to end on

01010

Month

NOTES

You may use this form to change the accounting date relating to either the current or the immediately previous accounting perioa.

- a. You may not change a period for which the accounts are already overdue.
- b. You may not extend a period beyond 18 months unless the company is subject to an administration order.
- c. You may not extend periods more than once in five years unless:
  - company is subject to an administration order, or
  - 2. you have the specific approval of the Secretary of State, (please enclose a copy), or
  - 3. you are extending the company's accounting reference period to align with that of a parent or subsidiary undertaking established in the European Economic Area, or
  - 4. the form is being submitted by an oversea company.

Subsequent periods will end on the same day and month in future years.

If extending more than once in five years, please indicate in the box the number of the provision listed in note c. on which you are relying.

Signed

Date

of secretary / administrator / administrative receiver / receiver and manager / receiver (Scotland) / person authorised on behalf of an oversea company

BONDEN 25 CANARY Tel つ() 「 DX number DX exchange

When you have completed and signed the form please send it to the Registrar of

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

† Please delete as appropriate

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query



Form revised July 1998