

In accordance with
Rule 5.27 of the
Insolvency (England
& Wales) Rules 2016
& paragraph 46(4) of
Schedule B1 to the
Insolvency Act 1986.

AM01

Notice of administrator's appointment



Companies House

MONDAY



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24/12/2018

#127

COMPANIES HOUSE

lease
ouse

1 Company details

Company number 0 6 9 3 3 9 3 6

Company name in full Shuropody Footcare 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 Court in Leeds

Court number 1 2 8 1 o f 2 0 1 8

3 Administrator's name

Full forename(s) Michael

Surname Chamberlain

4 Administrator's address

Building name/number Resolution House

Street 12 Mill Hill

Post town Leeds

County/Region West Yorkshire

Postcode L S 1 5 D Q

Country

5 Administrator's email address or telephone number ^①

Email address mail@chamberlain-co.com

Telephone number 0113 2420808

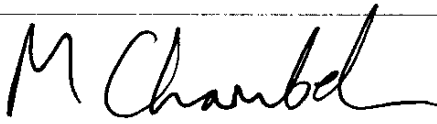
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

6 Insolvency practitioner number

Insolvency practitioner number 8 7 3 5

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Notice of administrator's appointment

7	Administrator's name ①	
Full forename(s)		① Other administrator Use this section to tell us about another administrator.
Surname		
8	Administrator's address ②	
Building name/number		② Other administrator Use this section to tell us about another administrator.
Street		
Post town		
County/Region		
Postcode		
Country		
9	Administrator's email address or telephone number ③	
Email address		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number		
10	Insolvency practitioner number	
Insolvency practitioner number		
11	Statement of appointment	
	I confirm the appointment of the administrator(s) on	
Date	d 1 d 7 m 1 m 2 y 2 y 0 y 1 y 8	
12	Name of person, body or court appointing administrator	
Person, body or court name	Director	
13	Sign and date	
Administrator's signature	Signature X  X	
Signature date	d 2 d 0 m 1 m 2 y 2 y 0 y 1 y 8	

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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	
Company name	
Address	
Post town	
County/Region	
Postcode	
Country	
DX	
Telephone	



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