In accordance with Rule 3.27 of the Insolvency (England &Wales)Rules 2016 ¶graph 46(4)of Schedule B1 to the Insolvency Act 1986.

AM01

Notice of administrator's appointment



TUESDAY



	A18	26/05/2020 #197
1	Company details	COMPANIES HOUSE
Company number	0 9 7 6 1 3 0 9	Filling in this form Pleasecompletein typescript or in bold black capitals.
Company name in ful	Westway Holdings Limited	
2	Court details	
Court name	High Court	
		•
Court number	0 0 2 3 3 7 2 0 2 0	
	Administrator's name	
Full forename(s)	Michael Colin John	
Surname	Sanders	
4	Administrator's address	
Buildingname/number	6th Floor	
Street	2 London Wall Place	
Post town	London	
County/Region		
Postcode	E C 2 Y 5 A U	
Country		,
5	Administrator's email address or telephone number •	
Email address		eYou must give an email address or telephone number, All information
Telephone number	0207 429 4100	on this form will appear on the public record.
6	Insolvency practitioner number	
Insolvency practitione	r 8 6 9 8	
number		

AM01

Notice of administrator's appointment

7	Administrator's name	- 	
Full forename(s)	Georgina Marie	Other administrator Usethissectiontotell us about	
Surname	Eason	another administrator.	
8	Administrator's address ⁹		
Buildingname/number	6th Floor	Other administrator Usethissectiontotell us about another administrator.	
Street	2 London Wall Place		
Post town	London		
County/Region			
Postcode	E C 2 Y 5 A U		
Country	·		
9	Administrator's email address or telephone number ®		
Email address		You must give an email address or	
Telephone number	0207 429 4100	telephone number. All information on this form will appear on the public record.	
10	Insolvency practitioner number		
Insolvency practitioner number	9 6 8 8		
11	Statement of appointment		
	I confirm the appointment of the administrator(s) on		
Date			
12	Name of person, body or court appointing administrator		
Person, body or court name	Director		
13	Sign and date		
Administrator's signature	Signature X		
Signature date	2 6 0 5 2 0 2 0		

AM01

Notice of administrator's appointment

Presenter information

Youdonothaveto giveany contactinformation, but if youdo it will help Companies House if there is a query ontheform. The contact information you give will be visible to searchers of the public record. Contact name Kimberly Reid MacIntyre Hudson LLP Address 6th Floor 2 London Wall Place Londor County/Region Postcode E Country אַס Telephone Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

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 thewebsiteat 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