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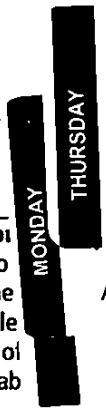
In accordance with Section 1003 of the Companies Act 2006

DS01

Striking off application by a company



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A41 06/10/2011 282
COMPANIES HOUSE

A8U1KXOI

A24 19/09/2011 166
COMPANIES HOUSE

A40 13/09/2011 48
COMPANIES HOUSE

A fee is payable with this form
Please see 'How to pay' on the last page

✓ **What this form is for**
You may use this form to strike off a company from the Register Please ensure you read the guidance before completing this form

✗ **What this form is NOT for**
You cannot use this form to off a Limited Liability Partne (LLP) To strike off an LLP ple use form LL DS01 'Striking of application by a Limited Liab Partnership (LLP)'

1 Company details

Company number: 7 5 7 1 5 5 2

Company name in full: EASYGYM LTD

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

All fields are mandatory unless specified or indicated by *

2 The application

Warning to all applicants
It is an offence to knowingly or recklessly provide false or misleading information on this application

You are advised to read section 4 and to consult the guidance available from Companies House before completing this form If in doubt, seek professional advice

I/We as director(s)/the majority of directors apply for this company to be struck off the Register and declare that none of the circumstances described in section 1004 or 1005 of the Companies Act 2006 (being circumstances in which the directors would otherwise be prohibited under those sections from making an application) exists in relation to the company. ❶

This form must be signed by the sole director if only 1, by both if there are 2, or by the majority if there are more than 2

❶ Please read the guidance on our website www.companieshouse.gov.uk or section 1003 or 1004 of the Companies Act 2006 for circumstances under which an application may **not** be made.

Please note that on dissolution all property and rights etc will be passed to the Crown

Further Guidance
Guidance on striking off is available from our website at www.companieshouse.gov.uk

3 Signature(s) of the director(s)

Name: BRIAN MERRIDAN

Signature: X [signature] X

Signature date: d0 d6 m0 m9 y2 y0 y1 y1

Name:

Signature: X X

Signature date: d d m m y y y y

Further signatures
Please use the next page to enter further signatures.

Group/Group plan
At least three (3) people who are members of the plan as arranged between us or their employer or other organisation and for which there may be a group co-ordinator

Group co-ordinator
Where applicable, the person or organisation approved by us who is responsible for administering the plan for its members and collecting and paying premiums to us on behalf of the members

Locally recognised
Recognised by the appropriate authority in the country outside the UK in which the hospital is situated or the dentist practices

Normal surgery hours
Monday – Friday, between the hours of 8am and 6pm, excluding Bank Holidays and Public Holidays

Overseas
Outside the UK, Channel Islands and the Isle of Man

Plan
The plan consists of your completed, signed and dated application, this guide Certificate of Registration and any other document setting out information affecting the rights and obligations of each of us concerning plan membership Your family member(s) will also be treated as party to the plan and so are bound by its terms

Professional sport
A sport where a fee, benefit in kind or donation is received either directly or indirectly for playing, training or coaching

Related condition
Any symptom, disease illness or injury which reasonable medical opinion considers to be associated with another symptom, disease, illness or injury

Treatment
Surgical or medical/dental services (including diagnostic tests) needed to relieve or cure a disease, illness or injury

UK
England, Wales, Scotland, Northern Ireland the Channel Islands and the Isle of Man

Us/we/our
This association, the Western Provident Association Limited

Year
The period of 365 days (or 366 days in any leap year) from the date shown on the certificate of registration or the annual renewal date

You/your/yourself
You and any registered family member(s) named on the certificate of registration

WPA Dental Schedule
The Schedule which we have issued and will from time to time issue or amend, which lists the amount of benefit we will pay

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Striking off application by a company

Name	BRIAN HERRIDAN
Signature	Signature X B. Herridan X
Signature date	d 0 d 6 m 0 m 9 y 2 y 0 y 1 y 1
Name	
Signature	Signature X X
Signature date	d d m m y y y y
Name	
Signature	Signature X X
Signature date	d d m m y y y y

Warning to all applicants
It is an offence to knowingly or recklessly provide false or misleading information on this application

Please note that on dissolution any remaining assets will be passed to the Crown

You are advised to read section 4 and to consult the guidance available from Companies House before completing this form If in doubt, seek professional advice.

Signatures
This form must be signed by the sole director if only 1, by both if there are 2, or by the majority if there are more than 2

Further signatures
Please use a continuation page if you need to enter further signatures

4 What to do next

Notify all parties.
Please ensure that you send copies of this application to all notifiable parties e g creditors, employees, shareholders, pension managers or trustees and other directors of the company within 7 days from the day on which the application is made

Please also send copies to anyone who later becomes a notifiable party within 7 days of this taking place This applies from the day of application and before the day on which the application is finally dealt with or withdrawn Please check the guidance which contain a full list of those who must be notified Failure to notify interested parties is an offence It is advisable to obtain and retain some proof of delivery or posting of copies to notifiable parties

Withdrawal of striking off application by a company.
If the company ceases to be eligible for striking off at any time after the application is made, and before the application is finally dealt with, as specified in section 1009 of the Companies Act 2006, then the application must be withdrawn using form DS02 'Withdrawal of striking off application by a company' available from our website www companieshouse gov uk

5 Warning to all interested parties

This is an important notice and should not be ignored The company named has applied to the Registrar to be struck off the Register and dissolved Please note that on dissolution any remaining assets will be passed to the Crown The Registrar will strike the company off the register unless there is reasonable cause not to do so Guidance is available on grounds for objection If in doubt, seek professional advice

Further guidence
Guidance on all aspects of striking off is available from our website at www companieshouse gov uk

Definitions

Some words and phrases used in this guide have a particular meaning and this is explained below

Acute condition
A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering from it, or which leads to your full recovery

Admissible claim
A claim for treatment which is not subject to any general or personal exclusion and which is covered under the plan rules

Agreement
The plan consists of your completed, signed and dated application, these rules, your certificate of registration and any other document setting out information affecting the rights and obligations of each of us concerning plan membership Your family member(s) will also be treated as party to the plan and so are bound by its terms

Annual renewal date
Normally the anniversary of the date you joined the plan except that for some group plans it will be the anniversary of the day when the group plan was first registered

Application/application form
The form which is signed by the applicant for him/herself and for any family member(s) for whom cover is requested

Association
Western Provident Association Limited of Rivergate House Blackbrook Park, Taunton Somerset TA1 2PE generally known as WPA and sometimes referred to as us our or we

Benefit Table
The table of benefits which states the type of expense and the amount you can recover from us under your plan

Certificate of Registration
The Certificate of Registration issued by us or the certificate which confirms

- The people covered by the plan,
- Their dates of birth
- The plan start date
- The main address,
- How you have chosen to pay, the amount and when the premiums are due

Claim form
The form we issue to you and which you need to complete and submit to us to claim the benefits of your cover

Consultant Oral/Maxillo-Facial Surgeon
A dental practitioner whose name appears on the GMC Specialist Register, who is or has been a permanent or honorary NHS Consultant Oral/Maxillo Facial Surgeon is providing your treatment in that specialty or who has been formally recognised by us as a specialist within the previous five (5) years

Cover
The benefit under your plan

Cover period
If you pay the whole premium once a year, the cover period will be twelve (12) months from the date you join the association or from any annual renewal date

If you pay the premium monthly the cover period will be for one (1) calendar month Each period is treated as a separate cover period and if you do not make each payment on time, cover will end

Customary and reasonable
In accordance with the Supply of Goods and Services Act (1982) we reserve the right to pay the agreed percentage contribution towards charges which are in line with charges made by other providers of treatment of the same services

Date of registration
The date your plan membership first begins

Dental conditions
Conditions which primarily involve a tooth or teeth and their roots and their surrounding tissue attachment

Dentist
A dental surgeon who is registered with the General Dental Council

EEA
European Economic Area

Eligible treatment
Treatment for which your plan provides a benefit, given by a provider of treatment we recognise for a condition which is not excluded by the rules of your plan or by any personal dental exclusion

Extra oral impact
An external blow to the face teeth or jaws

Family member
Any of the following you wish to include in your plan

- Your partner,
- Adult relatives who live with and are supported by you and are aged sixty nine (69) or under when they join the plan,
- Any of your unmarried children who are under eighteen (18) years of age when you join the plan or at any renewal date

Good faith
These words may have other meanings elsewhere but for the purpose of your plan membership good faith means your and our duty to deal with your plan membership and your rights as a policyholder in a fair and reasonable way In particular, you must ensure that you tell us about all the circumstances affecting you, your family member(s) and the risks you wish us to take so that we are not misled about the risks we accept or the financial obligations we will undertake in accepting your application

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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 BRIAN MERRIDAN
Company name EASYGYM LTD
Address 365-367 OXFORD RD
Post town READING
County/Region BERKS
Postcode RG30 1HA
Country UK
DX
Telephone 01189576079

Checklist

We may return the 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
- ☐ The correct number of current directors have signed and dated the form – 1 director if there is only 1 director, both if there are 2, and the majority if there are more than 2 e g Out of 6 directors, 4 must sign
- ☐ You have included a continuation sheet (available from www companieshouse gov uk) if applicable.
- ☐ Is the company already dissolved or is being dissolved by the Registrar? If so, you cannot file this form
- ☐ You have enclosed the correct fee

Important information

Please note that all information on this form will appear on the public record.

How to pay

A fee of £10 is payable to Companies House in respect of a striking off application.

Make cheques or postal orders payable to 'Companies House'

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For companies registered in England and Wales
The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ
DX 33050 Cardiff

For companies registered in Scotland:
The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland:
The Registrar of Companies, Companies House,
Second Floor, The Linenhall, 32-38 Linenhall Street,
Belfast, Northern Ireland, BT2 8BG
DX 481 N R Belfast 1

Further information

For further information please see the guidance notes on the website at www companieshouse gov uk
or email enquiries@companieshouse gov uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

If, when you see the report, you feel that anything in it is wrong or misleading you can write to your doctor/dentist to ask them to change it, but they do not have to do this If they will not change the report you can

- withdraw your consent for your doctor/dentist to send us the report,
- ask your doctor/dentist to send a statement explaining your views along with the report,
- agree that your doctor/dentist can send the report without changing it

Option 3

Agree that your doctor/dentist can send the report and confirm that you do not wish to see it first If you change your mind you should write to your doctor who will then allow 21 days for you to see the report (if they have not already sent it to us)

NB Your doctor/dentist does not have to show you any part of the report which they believe may damage your physical/mental health, if it reveals any information about someone else or identifies someone who has given them information about you (unless that person agrees) In that case they will explain this to you and your access to the report will be limited

Whichever option you choose you can still ask to see the report up to 6 months after it has been sent to us Your doctor/dentist may make a charge for this which will not be met by WPA