In accordance with Section 1003 of the Companies Act 2006 **DS01** 

74171510/10

Striking off application by a company



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 NOi You cannot use this forr off a Limited Liability Pa (LLP) To strike off an LLF use form LL DSO1 'Strikir application by a Limited Partnership (LLP)'



A33

28/04/2012 COMPANIES HOUSE #321

1 Company details

Company number

0 5 9 4 7 1 7 4

Company name in full

AND

ENGINEERING LTS

→ Filling in this form

Please complete in typescript or in bold black capitals

All fields are mandatory unless's specified or indicated by \*

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 form making an application) exists in relation to the company •

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

 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         | Signatures of the director(s) |   |                                                                               |  |  |  |  |
|-----------|-------------------------------|---|-------------------------------------------------------------------------------|--|--|--|--|
| Signature | Signature X SHAT              | X | Further signatures<br>Please use the next page to enter<br>further signatures |  |  |  |  |
| Name      | HR ERCAN OKSUZ                |   |                                                                               |  |  |  |  |
| Date      | 2 4 10 4 12 12                |   |                                                                               |  |  |  |  |
| Signature | Signature                     | × |                                                                               |  |  |  |  |
| Name      |                               |   |                                                                               |  |  |  |  |
| Date      | n d m y y y                   |   |                                                                               |  |  |  |  |
|           |                               |   |                                                                               |  |  |  |  |

# DSO1 · Striking off application by a company

| Signature | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Warning to all applicants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | It is an offence to knowingly or recklessly provide false or misleading information on this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Please note that on dissolution any remaining assets will be passed to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date      | d d m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the Crown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signatures This form must be signed by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date      | d d m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sole director if only 1, by both if there are 2, or by the majority if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | there are more than 2  Further signatures Please use a continuation page if you need to enter further signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date      | d d m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5         | Please ensure that you send copies of this application to all notifiable parties e.g. creditors, employees, shareholders, pension managers or trustees and of directors of the company within 7 days from the day on which the application made.  Please also send copies to anyone who later becomes a notifiable party with 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 of the guidance which contain a full list of those who must be notified. Failure notify interested parties is an offence. It is advisable to obtain and retain so 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 specin 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.  Warning to all interested parties. | ther on is on is on is one of the control of the co |
|           | 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. Plea 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 reasonal cause not to do so. Guidance is available on grounds for objection. If in dous seek professional advice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | off is available from our website at www.companieshouse.gov.uk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

#### 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 nan | ne   |      |            |            |            |     |       | _    |   |
|-------------|------|------|------------|------------|------------|-----|-------|------|---|
| Company no  | этте |      |            |            | -          | _   | -     |      |   |
|             |      |      |            |            |            |     |       |      |   |
| Address     |      |      |            |            |            |     |       |      |   |
| - 4441239   |      | '5   | /E1        |            | 0          | ~   |       |      |   |
|             |      |      |            | TAN        |            |     |       |      |   |
|             | 576A | LOR  | DSH<br>LOK | DOM<br>DOM | NE,<br>N22 | WOO | OD G  | REEL |   |
| Post town   | TEL  | 0208 | 851        | 8944       | FAX        | 020 | 8 601 | G047 | , |
| County/Reg  | ion  | ·    |            |            |            |     |       |      |   |
| Postcode    |      |      |            |            |            |     |       |      |   |
| Country     |      |      |            |            |            |     |       |      |   |
| DX          |      | ··   |            |            |            |     |       |      |   |
| Telephone   |      |      |            |            |            |     |       |      |   |

### ✓ 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<sup>\*</sup>
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

### f 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