In accordance with Section 1003 of the Companies Act 2006

# **DS01**

# 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 mpany from the Register. Please

X What this form is NOT for You cannot use this form to off a Limited Liability Partner



|                      | company from the Register. Please ensure you read the guidance before completing this form                                                                                                                                                                                                                                                                              | (LLP) To strike off an LLP ple use form LL DS01 'Striking o application by a Limited Liak Partnership (LLP)'. | (   <b>   </b> | *AS4VOKBK* 26/05/2010 66 COMPANIES HOUSE                                                                                                                                                                               |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                    | Company details                                                                                                                                                                                                                                                                                                                                                         | <del>-</del>                                                                                                  | <b>→</b>       | Filling in this form                                                                                                                                                                                                   |
| Company number       | 0 6 6 4 0 3 9 4                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | \              | Please complete in typescript or in bold black capitals                                                                                                                                                                |
| Company name in full | KIERON VORSTER LTO                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                | 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.                                                                                                                                                                                                                                      |                                                                                                               | G              | 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 |
|                      | 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                                                                                                                                                                                                         |                                                                                                               | ı  <br>        |                                                                                                                                                                                                                        |
|                      | 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. |                                                                                                               |                | property and rights etc will be passed to the Crown.  Further Guldance Guldance on striking off is available from our website at  www.companieshouse.gov.uk                                                            |
|                      | 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                                                                                                                                                                                                                                            |                                                                                                               | or             |                                                                                                                                                                                                                        |
| 3                    | Signatures of the director(s)                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                |                                                                                                                                                                                                                        |
| Signature            | Signature X                                                                                                                                                                                                                                                                                                                                                             | A                                                                                                             | ×              | Further signatures Please use the next page to enter further signatures.                                                                                                                                               |
| Name                 | KIERON VORSTE                                                                                                                                                                                                                                                                                                                                                           | -R                                                                                                            |                |                                                                                                                                                                                                                        |
| Date                 | 2°3 0"S '2'                                                                                                                                                                                                                                                                                                                                                             | 0 10                                                                                                          |                |                                                                                                                                                                                                                        |
| Signature            | Signature                                                                                                                                                                                                                                                                                                                                                               | <br>                                                                                                          | ×              |                                                                                                                                                                                                                        |

Name Date

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|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) to a all as a                                                                                                                                              |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Signature | Signature X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Warning to all applicants It is an offence to knowingly or recklessly provide false or misleading information on this application                              |  |  |  |
| Name      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Please note that on dissolution any<br>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 n n n y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sole director if only 1, by both if<br>there are 2, or by the majority if                                                                                      |  |  |  |
| Signature | Signature X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | there are more than 2 Further signatures Please use a continuation page of you need to enter further signatures.                                               |  |  |  |
| Name      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |  |  |  |
| Date      | d d m m y y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |  |  |  |
| 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 DSO2 'Withdrawal of striking off application by a company' available from our website' www.companieshouse. |                                                                                                                                                                |  |  |  |
| 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                                            |  |  |  |

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#### **DS01**

Striking off application by a company

#### 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.

Control Rame

Company sussee R A LESCIE B CO.

Address GOWR AN HOUSE

SO BROAD STREET

Post town BRISTO

County/Region

Postcode BS37-6AG

Country

UK

DX

Tofephone 01454 312598

#### ✓ 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
- You have enclosed the correct fee

#### Important information

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

### E 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, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3B5. 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

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