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or in bold black capitals

CHWP000

Application for striking off (continuation sheet)

Company Number

Company Name In Full

WARNING: TO ALL APPLICANTS

IT IS AN OFFENCE KNOWINGLY OR RECKLESSLY TO PROVIDE FALSE OR MISLEADING INFORMATION ON THIS APPLICATION. YOU ARE ADVISED TO READ THE NOTES OVERLEAF AND TO CONSULT THE GUIDANCE NOTES AVAILABLE FROM COMPANIES HOUSE BEFORE COMPLETING THIS FORM. IF IN DOUBT, SEEK PROFESSIONAL ADVICE.

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