

## NOTICE OF COMPLETION OR TERMINATION OF COMPANY VOLUNTARY ARRANGEMENT

Section 34(1)(a)

Please insert Company Number below:  
(Include an \* immediately before and after  
the number)

To: **The Registrar of Companies  
Companies House  
30 - 38 Main Street  
P.O. Box 848  
Gibraltar**

*Company name*

*Company number*

*Name(s) and address(es)  
of supervisor(s)*

*IP licence number*

*Date voluntary  
arrangement took effect*

1. I/we, as supervisor(s) of the above company, give notice that the voluntary arrangement has  
 been completed  
 terminated

Signed

\_\_\_\_\_  
*Supervisors*

*Date*

**Contact details**  
**(Phone/e-mail)**

**Note: If the company is an authorised person, within the meaning of the Insolvency Act, a copy of this notice must be provided to the Financial Services Commission**