

NOTICE OF SUBSTITUTED SERVICE OF BANKRUPTCY PETITION

BP1

Form of Advertisement pursuant to Rule 6.14, Insolvency Rules 1986

- Notes:
- ① insert Court title
 - ② insert Court case number and year
 - ③ insert name of Debtor as shown on Petition
 - ④ insert full particulars of Debtor as shown on Petition
 - ⑤ insert name and address of Petitioning Creditor
 - ⑥ insert terms of publication as shown on Order
 - ⑦ insert date and time of hearing
 - ⑧ insert relevant address of Court
 - ⑨ date of publication - please leave blank for TMP Worldwide to complete
 - ⑩ insert name, address and reference of solicitor

Advertising Requirements:
This notice must be advertised as directed by the Court in the Order granting permission for Substituted Service by way of advertisement under Rule 6.14

TMP Worldwide have a wide variety of other forms and information relating to Statutory Advertising, available on request

IN THE ① _____ NO. _____ of _____ ②
 IN BANKRUPTCY
 IN THE MATTER OF ③ _____

AND IN THE MATTER OF THE INSOLVENCY ACT 1986
 TO: ④ _____

Take notice that a Bankruptcy Petition has been presented against you in this Court by ⑤ _____

and the Court has Ordered that publication in ⑥ _____

of the presentation of such Petition and the time and place fixed for the hearing of the Petition shall be deemed to be good and sufficient service of the said Petition on you.

The said petition will be heard at this Court on ⑦ _____ at _____ hours at ⑧ _____

IMPORTANT: If you do not attend the hearing of the Petition, the Court may make a Bankruptcy Order against you in your absence.

The Petition can be inspected by you on application at this Court, whose offices are at ⑧ _____

It is also available for inspection and collection from the Petitioning Creditor's Solicitors, address below.

Dated ⑨ _____

⑩ _____

Solicitors for the Petitioning Creditor

PLEASE ENSURE ALL TEXT IS CLEAR AND LEGIBLE

Please clearly indicate in the boxes the publications you require the standard advertisement to appear in:

<p>The London Gazette <input type="checkbox"/></p> <p>Note: Delete any publications or boxes not required For help with completing the form or selecting publications call 020 8527 6100</p> <p>Signed: _____ Dated: _____</p>	<p>Local or national newspaper(s): <input type="checkbox"/></p> <p>Please give circulation area(s) or name of newspaper(s) required</p>
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Return this form to us for publication, with a covering letter or compliment slip, at the following address

Park House, 5 Jubilee Avenue, Highams Park, London E4 9JD

DX 38408 Highams Park

Tel: 020 8527 6100 · Fax: 020 8527 9940

 **tmp.worldwide**
WE'RE ALL YOURS