NOTICE OF DISSOLUTION OF PARTNERSHIP

DP

PLEASE ENSURE ALL TEXT IS CLEAR AND LEGIBLE

Form of Advertisement pursuant to Section 36, Partnerships Act 1890

1

NOTICE IS HEREBY GIVEN that the partnership heretofore subsisting between 2

| carrying on business as ③ at ④ under the style or firm of ① has been dissolved [by mutual consent]* as from ⑤ | | | |
|--|--|--|--|
| Delete ^{arran a} rthe Partnership ^{arran c} ontinued | as far as concerns [©] who [retires from]/[leaves]* the said firm. partner[s]* who will continue to carry on the said business [as sole proprietor]/[in partnership]* All debts due to and owed by the said late firm will be paid respectively by the continuing under the style or firm of [®] | | |
| Dated ® | | | |
| 9 | | | |
| [Solicitors for the above-named partners]* | | | |

 Notes:
 This notice must be signed by all the Partners named therein, or must be authenticated by their Solicitors, giving his address, confirming that such notice is given in pursuance of the terms of the Partnership to which it relates.

 ① insert name of original partnership
 ② insert full names of all original partnership
 ③ insert nature of business of partnership

 ④ insert principal trading address of partnership
 ③ insert date of dissolution
 ⑤ insert name of continuing partnership

 ⑦ insert name of continuing partnership
 ⑥ insert date of drafting
 ⑥ to be signed by all partners, or insert name and address of solicitor

 * delete or amend as appropriate
 ⑧ to be signed by all partners, or insert name and address of solicitor

Advertising Requirements: This notice should be advertised in the London Gazette after the date of the Dissolution. It may also be advertised in a local newspaper, if so desired.

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

| The London Gazette | | Local newspaper(s): |
|--|--|--|
| Note: Delete any publications of For help with completing | or boxes not required the form or selecting publications call 020 8501 9730 | |
| Signed: | Dated: | Please give circulation area(s) or name of newspaper(s) required |
| Return this form to | us for publication, with a covering | letter or compliment slip, at the following address |

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