Please complete in typescript, or in bublack capitals.	old Re	eturn of Allotment of Shares	
CHWP007			
Company Number	SIMS PORTEX LIMITED		
Company name in full			
Shares allotted (including bo	onus shares):		
	From	То	
Date or period during which shares were allotted	Day Month Year	Day Month Year	
(if shares were allotted on one date enter that date in the "from" box).	2 7 0 7 2 0 0 1		
Class of shares (ordinary or preference etc)	PREFERENCE		
Number allotted	20,000		
Nominal value of each share	2 EURO		
Amount (if any) paid or due on easthare (Including any share premium)	5,150 EURO (SHARE PREMIUM)		
List the names and addresses of	the allottees and the number of shares	allotted to each overleaf	
If the allotted shares are fully o	or partly paid up otherwise than in c	ash please state:	
% that each share is to be treated as paid up			
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)	,		

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When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name TI HOLDINGS (NETHERLANDS) BV	Class of shares allotted	Number allotted
Address SIRIUSDREEF 17-27		PREFERENCE	20,000
2132 WT HOOFDDORP, NETHE	RLANDS		<u> </u>
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		_	
	·		
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
1			.
UK Pos	stcode	-	
Name		Class of shares allotted	Number allotted
Address		_	
1		-	
UK Po	stcode LLLLL		L
Name		Class of shares allotted	Number allotted
Address			
UK Po	stcode		
Please enter the number of continu	ation sheets (if any) attached to the	nis form	· · · · · · · · · · · · · · · · · · ·
Signed Axi And	۷(Date31.07.20	01
A director / secretary / administrator / admin	nistrative receiver / receiver manager / receiv	er Piesse	delete #3 appropriate
Please give the name, address, telephone number and, if available,			
a DX number and Exchange of the person Companies House should			
contact if there is any query.		Tel	
	DX number	DX exchange	