

88(2)
Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

**Company Number** 

630958

Company name in full

WHATMAN PLC	
140°F 110°F 11	N N N N N N N N N N N N N N N N N N N

Shares allotted (including bonus sha	ıres):				
		From			To
Date or period during which	Day	Month	Year	Day	Month

(If shares were allotted on one date enter that date in the "from" box)

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY	
1015	
£0.01	
£1.596	

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash 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 For companies registered in England and Wales

DX 33050 Cardiff

For companies registered in England and wales

For companies registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 235 Edinburgh

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

Shareholder de	Shareholder details Shares and share clas		class allotted
Name ANTHONY ALAN MARTIN	, or post, a	Class of shares allotted	Number allotted
Address 25 POPLICANS ROAD,		ORDINARY	1,015
CUXTON, ROCHESTER			
UK Post	tcode ME2_1EH		
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Post	tcode	<u> </u>	
Name		Class of shares allotted	Number allotted
Address		_	
UK Post	tcode		
Name		Class of shares allotted	Number allotted
Address			
UK Posi	tcode	L	. L
Name		Class of shares allotted	Number allotted
Address		_	
1			
UK Posi	tcode		
Please enter the number of continuati	ion sheets (if any) attached to	this form	
igned	<u> </u>	Date 9 5 0/2	
A director / secretary / administrator / admin	nistrative receiver / receiver manager	receiver Please	delete as appropriate
lease give the name, address, elephone number and, if available,		-	
DX number and Exchange of the erson Companies House should			
ontact if there is any query.		Tel	
	DX number	DX exchange	