

for one record

88(2) Return of Allotment of Shares

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

Company Nu	ımbeı
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Company name in full

756128 ALBA PLC	 	
ALDATEO		

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Fro	m		Т	0
Day Month	Year	Day	Month	Year
1 8 0 9	2 0 0 3			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

% that each share is to be

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

ORDINARY	ORDINARY	
8000	5000	
£0.10P	£0.10P	
215P	182.5P	

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:

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	

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



stamped particulars on Form 88(3) if the

contract is not in writing)

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales DX 33050 Cardiff

For companies registered in England and wates

For companies registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 235 Edinburgh

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

Shareholder details	Shares and share	class allotted
Name FERLIM NOMINEES LIMITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 762 MEMBER ACCOUNT A452	ORDINARY	13,000
2 GRESHAM STREET, LONDON		<u> </u>
UK Postcode EC2V7PQ	<u></u>	L
Name	Class of shares allotted	Number allotted
Address		·
	_	L
UK Postcode	L	L
Name	Class of shares allotted	Number allotted
Address		ı
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
	_	<u> </u>
UK Postcode LLLLL		
Name	Class of shares allotted	Number allotted
Address	_	
,	_	_ L
UK Postcode		
Please enter the number of continuation sheets (if any) attached to thi	is form	
Signed	Date 26 September	2003
A_director / secretary / sedministrator / administrative receiver / receiver manager / re	eceiver Pleas	se delete as 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.

I MALIN HAR	VARD House
14/16 THAMES ROAD	BARKINY
ESSEX IGHONX	Tel 020 8594 5533
DX number	DX exchange