

## 88(2) Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.
CHFP000

**Company Number** 

Company name in full

0427271			
AMITAND	PLC		 

Shares allotted (including bonus shares):						
Date or period during which	From	То				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day         Month         Year           0   8   1   0   2   0   0   2	Day Month Year				
Class of shares (ordinary or preference etc)	ORDINAM IUP					
Number allotted	10,000					
Nominal value of each share	lop					
Amount (if any) paid or due on each share (including any share premium)	300					
List the names and addresses of the all	ottees and the number of shares	allotted to each overleaf				
If the allotted shares are fully or p	partly paid up otherwise that	n 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)						

A27 COMPANIES HOUSE 10/10/03

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

DX 235

Edinburgh

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

Form revised January 2000

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

Shareholder details	Shares and share c	lass allotted
Name MR HUW JOHN	Class of shares allotted	Number allotted
Address 13 NEWLAND DRIVE	, DRDIWARY top	10,000
MIDDLESEX	OKD(SHISH FOL	10,000
UK Postcode ENL 4 HX		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		1
	_	
UK Postcode		L
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 the	is form	
Signed Par Al	Date 8-10-	<u>03</u>
A director / secretary / adm <del>inistrator / administrative receiver / receiver manager / re</del>	ceiver Please de	elete as appropriate
Please give the name address		

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.

MOUTIN BLA	TEMA , Cui	RAD NLC	
COUNTINO	HUUSE, 169 K	CINCI ROMD	
Great was	D ESJEK T	el 01277 228188	
DX number	X number DX exchange		