

Shares allotted (including bonus shares):

## **Return of Allotment of Shares**

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

**Company Number** 

Company name in full

955321			
AMITRAD PLC	<del></del>		
			 _

	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)	1 2 0 3 2 0 0 2		
Class of shares	OCT NOCH	· ·	

Number allotted

(ordinary or preference etc)

Nominal value of each share

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

	 <del></del>
ORDINARY	
10,000	
£0.10	
€0.30	

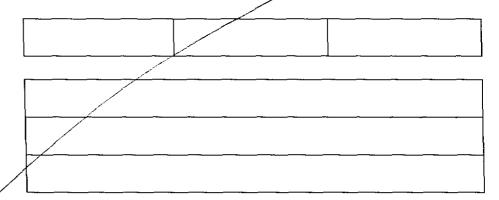
List the names and addresses of the allottees and the number of shares allotted to each overleaf

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)



**COMPANIES HOUSE** 

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14/03/02

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

Shareholder details	Shares and share o	lass allotted
Name HR DAUD PRAGUE	Class of shares allotted	Number allotted
Address		
7 FARNHAM CLOSE, WHETSTONE	ORDINARY LOP	10,000
LONDON		L
UK Postcode レンユロ		<b>L</b>
Name	Class of shares allotted	Number allotted
Address		
UK Postcode	<u> </u>	
Name	Class of shares allotted	Number allotted
Address		<b>t</b>
UK Postcode		<b>L</b>
Name	Class of shares allotted	Number aliotted
Address	_	
	_	<u> </u>
UK Postcode LLLLL		<u> </u>
Name ,	Class of shares allotted	Number allotted
Address	_	
		<b></b>
UK Postcode	L.	L
Please enter the number of continuation sheets (if any) attached to this	form	
Me - all	ate (1 - 3 - 2 c	tı <b>7</b>
A director / secretary / administrator / administrative receiver / receiver manager / rec	•	lete 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.

M. BLAND, BR	ENTUND	HUSE	169 KINGS RD
BRESTURID		CH14	_
		Tel	01277 200 625
DX number	DX exchange		