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Return of allotments of shares issued for cash

£50,000 20-12

Form No. PUC2 (revised)

PUC2

Pursuant to section 52 (1) of the Companies Act 1948 as amended by the Companies Act 1976 and Part V of the Finance Act 1973

Please do not write in this binding margin

For official use

Company number

Please do not write in the space below. For Inland Revenue use only.

Name of Company

990937

Please complete legibly, preferably in black type, or bold block lettering

CO-OPERATIVE BANK PUBLIC LIMITED COMPANY

XXXXXX

*delete if inappropriate

†Distinguish between ordinary, preference, etc.

‡You are reminded of the fine(s) imposed on a company by virtue of section 47(7) of the Finance Act 1973 if the relative duty is not paid within one month of allotment

§delete or complete as appropriate

Description of shares †	Ordinary		
A Number allotted	20,000,000		
B Nominal value of each	£0.25	£	£
C Total amount payable on each share (including premium if any)	£0.25	£	£
D Amount paid or due and payable on each share. (Take into account premium if any or part payments made)	£0.25	£	£
E Total amount paid or due and payable (A x D)	£ 5,000,000		
F Capital duty payable on E at £1 per £100 or part of £100 ‡	£ 50,000		



Date(s) of allotment(s)

[made on the 4th November, 19 87]

The names, descriptions and addresses of the allottees should be given overleaf

If you are claiming credit or relief from capital duty under section 49 (5) of the Finance Act 1973 a form No. PUC4 must be completed and attached to this form.

If you are claiming relief from capital duty under paragraphs 9 or 14 of Schedule 19 of the Finance Act 1973, a letter to that effect should accompany this form.

This form should not be used for shares allotted by way of bonus—form PUC7 should be used instead.

Please tick box if attached

Presenter's name, address and reference (if any) :

M.A. Lees (Mrs.),
Secretariat General Office,
CWS Limited,
PO Box 53,
New Century House,
MANCHESTER M60 4ES

For official use

Capital section

Post room



Co-op £50,000

21-11-87


Please do not
write in this
binding margin

[illegible]

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**Please complete
legibly,
preferably in
black type, or
bold block
lettering**

Where the space given on this form is inadequate, continuation sheets should be used and the number of sheets attached should be indicated in the box opposite:



I hereby ~~certify~~ that the details entered on this form are correct.

Signed [Signature] (Director) [Secretary] * Date 17.11.87

*delete as appropriate