

## 88(2) Return of Allotment of Shares

To

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

**Company Number** 

1796587

From

Company name in full

SYMBIAN	LIMITED	

## 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) 
 Day
 Month
 Year
 Day
 Month
 Year

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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)

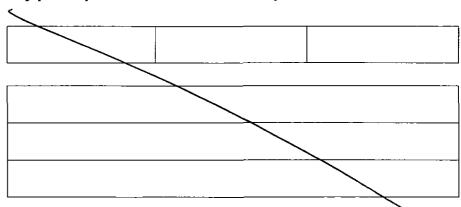
ORDINARY	
19,250	
£0.01	
£1.33 - £1.45	

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)





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

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

DX 235 Edinburgh

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

Shareholder de	etails	Shares and share	class allotted
Name  SAD CHADA		Class of shares allotted	Number allotted
Address 104 CLARENCE ROA	o, Genss Essex	ORDINARY	2,100
UK Pos	tcode RMI76RA		L
Name MATTHIAS REIK		Class of shares allotted	Number allotted
Address  18 RAHIM UCTA 26-28/50  HUNGARY	1, 1113 BUODPEST	DEDINARY	17,150
	tcode L _ L _ L		L
Name		Class of shares allotted	Number allotted
Address			
LIV B.			
UK-Pos	tcode LLLL		
Name		Class of shares allotted	Number allotted
Address			L
UK Pos	tcode		L
Name	,	Class of shares allofted	Number allotted
Address			
L			
UK Pos	tcode		
Please enter the number of continuation	on sheets (if any) attached to this t	form	4
A director/ secretary padministrator / admin	Da nistrative receiver / receiver manager / recei		delete as appropriate
Please give the name, address,			
elephone number and, if available, DX number and Exchange of the		<del></del>	· · · · · · · · · · · · · · · · · · ·
person Companies House should contact if there is any query		Tal	
	DV number	Tel	
	DX number	DX exchange	