

88(2) Return of Allotment of Shares

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

Company Number

Company name in full

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1	9	0	29	8	1		

NESTUR HEALTHCARE GROUP PIC

				
Shares allotted (including bonus s	shares):			
	From		То	
Date or period during which shares were allotted	Day Month	Year Day M	Day Month Year	
(If shares were allotted on one date enter that date in the "from" box)	05 06 20	112 0	112 016 2101013	
Class of shares (ordinary or preference etc)	ORDINARY	ORDINARY		
Number allotted	4, 675	15,800	.800	
Nominal value of each share	£0.10	€0.10		
Amount (if any) paid or due on each share (including any share premium)	€1.31	£ 1.15		
List the names and addresses of the allo	ttees and the number of	shares allotted to each	overleaf	
If the allotted shares are fully or p	artly paid up otherwi	se than in cash plea	ise state:	
% that each share is to be			T	
treated as paid up				
Consideration for which the shares were allotted				



the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

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

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

DX 235 Edinburgh

contract is not in writing)

Shareholder o	Shares and share class allotted		
Name MRS LJ WHITESTONE		Class of shares allotted	Number allotted
Address 32 GROVE AVENUE		ORDINARY	4,675
HANWELL, LONDON		_	L
UK Po	stcode W7_3EP_		L
Name R WEST WOOD		Class of shares allotted	Number allotted
Address THE WING, THE MILL A	HOUSE, TENIN,	ORDINARY	15,800
WELWYN, HERTS UK Pos	stcode ALG, OJQ		L
Name		Class of shares allotted	Number allotted
Address			
L			<u> </u>
UK Pos	stcode ∟∟∟∟∟∟∟		'
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
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UK Pos	stcode		
Please enter the number of continuat	tion sheets (if any) attached to this	form	
Oldica	1. test o	ite 12/6/03	
ASSISTANT	inistrative receiver / receiver manager / rece	iver Please d	elete as appropriate
Please give the name, address, telephone number and, if available, a DX number and Exchange of the	The Secretary	7	
person Companies House should contact if there is any query.		Tel <i>0170</i>	7 457635
	DX number	DX exchange	