

88(2)
Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.
CHWP000

Company Number

2558758

Company name in full	CHELSFIELD	HELSFIELD ACQUISITIONS LIMITED					

Shares allotted (including bonus shares):							
	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)	11111	001					
Class of shares (ordinary or preference etc)	99,998						
Number allotted	99,998						
Nominal value of each share	£ 1						
Amount (if any) paid or due on eac share (including any share premium)	ch &,						
List the names and addresses of th	e allottees and the number	of shares allotte	ed to each overl	eaf			
If the allotted shares are fully	or partly paid up other	wise than in	cash please s	tate:			
% that each share is to be treated as paid up							
Consideration for which							
the shares were allotted (This information must be supported by			V-0.76.	1/4. ₁₂ . 13			
the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)		- A					
	When you have co	npleted and	signed the fo	rm send it to			

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Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

the Registrar of Companies at:

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 details	Shares and share	Shares and share class allotted		
Name Uelifiele plc	Class of shares allotted	Number allotted		
Address 67 Brook Street,	Onlines	99998		
UK Postcode W.I.K. 42J				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode		- L		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode	L			
Name	Class of shares allotted	Number allotted		
Address				
		. L		
UK Postcode ししししし	L			
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode , , , , , , , , , , , , , , , , , , ,				
Please enter the number of continuation sheets (if any) attached to				
Please enter the number of continuation sheets (if any) attached to Signed A director / secretary / administrator / administrative receiver / receiver manager	this form Date 1: N. ~-	le delete as app		

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.

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WIK	425	Tel o	Lo 70	493 3977
DX number		DX exchange		