

**Return of Allotment of Shares** 

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

**Company Number** 

Company name in full

っ	652	4	29	

PARRY PEOPLE MOVERS LTD

			n.	
Shares allotted (including bonu	s shares):			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)		Year Day	To Year	
Class of shares (ordinary or preference etc)	ord.			
Number allotted	646			
Nominal value of each share	£ 1.00			
Amount (if any) paid or due on each share (including any share premium)	72.00			
List the names and addresses of the				
If the allotted shares are fully of	or partly paid up otherwi	ise than in cash	please state:	
% that each share is to be treated as paid up	100%			
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)	Cosh			
	When you have com	pleted and sigr	led the form send i	t to

ge A38 COMPANIES HOUSE 23/10/01

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

Name Address Address	Class of shares allotted	Number
Address	anotteu	allotted
28 Eynsham Rod, Rofley	Bral	<u>251</u>
UK Postcode OX2 PBP	<u> </u>	<u> </u>
Name  JM Zaván	Class of shares allotted	Number allotted
Ritariza, Rua do Brainer 155, 4050 Porto,	. 17	795
Partuel UK Postcode LLLL		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address	L	
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this formation sheets (if any) attached to this formation sheets.  Date  Ardirector / secretary / administrator / administrative receiver / receiver manager / receiver	e 12 · 10 · 20	<b>)</b>
Please give the name, address, elephone number and, if available, a DX number and Exchange of the	ty	

DX number

DX exchange