

for the arrand

88(2) Return of Allotment of Shares

To

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

**Company Number** 

Com	panv	name	in	full
<b>VVIII</b>	Pully	Hallie		

2767639	
Data Integration 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
0 6	1 0	2 0 0 4		

From

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)

BS	hares			
200	000			
10p				
£7.	50			

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)

 	 	 	 	 	 <u>.</u>	

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 or LP - 4 Edinburgh 2

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

Shareholder details	Shares and shar	e class allotted
Name Mr G Lauder	Class of shares allotted	Number allotted
Address 51 The Avenue,	, B Ord	20,000
Richmond		
UK Postcode _T	W 9 2 A L	_
Name	Class of shares allotted	Number allotted
Address		
		- L
UK Postcode _		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		1
UK Postcode _		_
Name	Class of shares allotted	Number allotted
Address		
UK Postcode L		_
Please enter the number of continuation sheets	if any) attached to this form	
gned	Date 6 10 0L	t
A director / secretary / administrator / administrative rec	ver / receiver manager / receiver Pleas	se delete as appropriate
ou do not have to give any contact formation in the box opposite but you do, it will help Companies		
ouse to contact you if there is a lery on the form. The contact	Tel	
formation that you give will be sible to searchers of the public DX nur cord.		