



Please complete in typescript,
or in bold black capitals
CHFP029

88(2)

Return of Allotment of Shares

Company Number

2957947

Company name in full

Novar International 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)

From
Day Month Year

2 2 0 7 2 0 0 2

To
Day Month Year

Class of shares
(ordinary or preference etc)

Ordinary £1

Number allotted

34,214,981

Nominal value of each share

£ 1.00

Amount (if any) paid or due on each
share (including any share premium)

£ 1.00

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

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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
or companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235
or companies registered in Scotland Edinburgh



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

Shareholder details		Shares and share class allotted	
Name NOVAR EUROPEAN HOLDINGS BV		Class of shares allotted Ordinary £1	Number allotted 34,214,981
Address TELEPORTBOULEVARD 140, 1043 EJ AMSTERDAM, NETHERLANDS			
UK Postcode _ _ _ _ _			

Name _____		Class of shares allotted _____	Number allotted _____
Address _____			
UK Postcode _ _ _ _ _			

Name _____		Class of shares allotted _____	Number allotted _____
Address _____			
UK Postcode _ _ _ _ _			

Name _____		Class of shares allotted _____	Number allotted _____
Address _____			
UK Postcode _ _ _ _ _			

Name _____		Class of shares allotted _____	Number allotted _____
Address _____			
UK Postcode _ _ _ _ _			

Please enter the number of continuation sheets (if any) attached to this form

Signed



Date

22 JULY 2002

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please delete as appropriate

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.

MRS K C WILSON, NOVAR PLC, NOVAR HOUSE, 24 QUEENS ROAD, WEYBRIDGE,

SURREY, KT13 9UX

Tel 01932 823352

DX number

DX exchange