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COMPANIES FORM No. 88(2)(Rev 1988)

Return of allotments of shares

88(2)

Pursuant to section 88(2) of the Companies Act 1985 (the Act)

(REVISED 1988)

This form replaces forms
PUC2, PUC3 and 88(2)

Please do not
write in this
margin

To the Registrar of Companies (address overleaf)
(see note 1)

Please complete
legibly, preferably
in black type, or
bold block lettering

Company number

3123072

1. Name of company

* insert full name
of company

* CAPION HOLDINGS LIMITED

2. This section must be completed for all allotments

† distinguish
between
ordinary
preference, etc.

Description of shares †	Ordinary		
A Number allotted	998		
B Nominal value of each	£ 1.00	£	£
C Total amount (if any) paid or due and payable on each share (including premium if any)	£ 1.00	£	£

Date(s) on which the shares were allotted

(a) [on 7th November 19 95] £, or

(b) [from 19 to 19] £.

The names and addresses of the allottees and the number of shares allotted to each should be given overleaf

§ complete
(a) or (b) as
appropriate

3. If the allotment is wholly or partly other than for cash the following information must be given
(see notes 2 & 3)

D Extent to which each share is to be treated as paid up. Please use percentage.			
E Consideration for which the shares were allotted			

NOTES

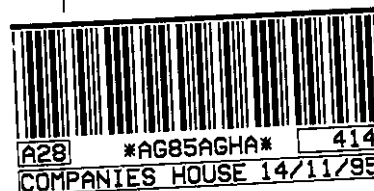
- This form should be delivered to the Registrar of Companies within one month of the (first) date of allotment.
- If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by section 88(2)(b) of the Act or by the duly stamped prescribed particulars required by section 88(3) (Form No 88(3)).
- Details of bonus issues should be included only in section 2.

Presenter's name address, telephone
number and reference (if any):

For official use

BRISTLEKARN LIMITED
SCOPE HOUSE
169/173 REGENT STREET
LONDON W1R 7FB
TEL: 071-734 4104

Post room



Please do not
write in the
margin

**Please complete
legibly, preferably
in black type, or
bold block lettering**

Days of exposure to 12-hour shift (X)	Days of absence due to illness (Y)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

FOR AND ~~ON~~ BEHALF OF

The Registrar of Companies
Companies House
100-102 George Street
Edinburgh
EH2 3DJ