

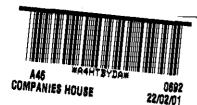
Return of Allotment of Shares

CHFP000

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Company Number	3148032			
Company name in full	ABERDEEN INDEPENDENT LIMITE	D		
	Pann			
Shares allotted (including bon	nus 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.	1 0 0 8 1 9 9 9			
Class of shares (ordinary or preference etc)		Ordinary		
Number allotted		100,000		
Nominal value of each share		£1		
Amount (if any) paid or due on each share (including any share premium)	h	£1		
List the names and addresses of the	e allottees and the number of shares allott	ed 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				

When you have completed and signed the form send it to the Registrar of Companies at:

C Thi:



stamped particulars on Form 88(3) if the

contract is not in writing)

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

For companies registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 Edinburgh

DX 33050 Cardiff

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details	Shares and share	Shares and share class allotted	
Name M T G Paynter and K L Barwell	Class of shares allotted	Number allotted	
Address	_		
c/o Marriott Harrison	_ Ordinary	100,000	
12 Gt James Street, London		L	
UK Postcode LW LC L1 LN L3 LD LR	L	L	
Name	Class of shares allotted	Number allotted	
Address	_		
		L	
UK Postcode L L L L L L		L	
Name	Class of shares allotted	Number allotted	
address		*	
		L	
UK Postcode		L	
lame	Class of shares allotted	Number allotted	
Address		1	
UK Postcode LLLLL		<u> </u>	
lame	Class of shares allotted	Number allotted	
Address			
<u> </u>		<u> </u>	
UK Postcode		L	
Please enter the number of continuation sheet(s) (if any) attached to the	is form		
ined ATCUL	ate 20 Feb	2001	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	siv er <i>Please</i> d	lelete 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.

A COZZOLINO	-	
7 CHEYNE WALK	NORTHAMPT	MO
NNI SPT	Tel 0160\	622 256
DX number DX	Cexchange	