

## **Return of Allotment of Shares**

Please complete in typescript, or ın bold black capıtals CHWP000

**Company Number** 

Company name in full

03261946

Shares allotted (including bonus shares):				
	From	То		
Date or period during which shares were allotted	Day Month Yea	ar Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	18017 201	(P)		
Class of shares (ordinary or preference etc)	0-10-2-1			
Number allotted	25			
Nominal value of each share	10/			
Amount (if any) paid or due on each share (including any share premium)	\$5-00			
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	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)	C A561			
When you have completed and signed the form send it to the Registrar of Companies at:				



02/07/2008 **COMPANIES HOUSE** 

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Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

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

Shareholder details		Shares and share class allotted	
Name ALA~ JOH~50~	J	Class of shares allotted	Number allotted
Address			
18 SHAFTESBURY	CRESCENT	ONDONALI	75
LALEHAM, MIDDL	ESEX		
UK Post	code IN48LQW	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Post	code டடடடடட	<u> </u>	
Name		Class of shares allotted	Number allotted
Address			
UK Post	code ∟∟∟∟∟∟∟	L	
Name		Class of shares allotted	Number allotted
Address			
UK Post	code		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Post	tcode LLLLLL		<b></b>
Please enter the number of continuati	on sheets (if any) attached to this f	form	
		۶. اسمه ار	>
Signed Advantas / constant / administrator / administrator / administrator /	Date of the property of the party of the par	/ • // • //	
A director / secretary / administrator / admin	ilstrative receiver / receiver manager / recei	Please d	elete as appropriate
Please give the name, address,		·	
telephone number and, if available, a DX number and Exchange of the			
person Companies House should		<u> </u>	
contact if there is any query		Tel	
	DX number	DX exchange	