

## **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

Company name in full

| 3279177    |        | -         |  |
|------------|--------|-----------|--|
| MOTORC/CLE | DIRECT | INSURANCE |  |

|   | SERVICES LIMITED                          |                              |  |  |  |  |  |  |
|---|---|------------------------------|--|--|--|--|--|--|
| Shares allotted (including bonus shares):   |   |                              |  |  |  |  |  |  |
|   | From                                      | То                           |  |  |  |  |  |  |
| 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               |  |  |  |  |  |  |
|   | 113 018 2101011                           |                              |  |  |  |  |  |  |
| Class of shares<br>(ordinary or preference etc)   | ORDINARY                                  |                              |  |  |  |  |  |  |
| Number allotted   | 99,900                                    |                              |  |  |  |  |  |  |
| Nominal value of each share   | \$ 1-00                                   |                              |  |  |  |  |  |  |
| Amount (if any) paid or due on each share (including any share premium)   | h   |                              |  |  |  |  |  |  |
| List the names and addresses of the   | e allottees and the number of shares allo | tted to each overleaf        |  |  |  |  |  |  |
| If the allotted shares are fully  | or partly paid up otherwise than ir       | ւ 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 99(2) if the |   |                              |  |  |  |  |  |  |
| stamped particulars on Form 88(3) if the contract is not in writing)  |   |                              |  |  |  |  |  |  |
|   | When you have completed an                | d signed the form send it to |  |  |  |  |  |  |



дe 05/09/01

the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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 BLUE BOAK HOLDINGS LIMITED  | Class of shares allotted | Number<br>allotted    |
| Address 46 ST GILES, OX FORD   | _ ORSINARY               | 99,900                |
| UK Postcode DX 1 3 LT  |                          | L                     |
| Name   | Class of shares allotted | Number<br>allotted    |
| Address  |                          |                       |
|  |                          | L                     |
| UK Postcode  |                          |                       |
| Name   | Class of shares allotted | Number allotted       |
| Address  |                          |                       |
|  |                          | <u> </u>              |
| UK Postcode  |                          | L                     |
| Name   | Class of shares allotted | Number<br>allotted    |
| Address  |                          | <b></b>               |
| UK Postcode  |                          | <u> </u>              |
| Name   | Class of shares allotted | Number<br>allotted    |
| Address  | _                        |                       |
|  |                          | £                     |
| UK Postcode  |                          | <u> </u>              |
| Please enter the number of continuation sheets (if any) attached to thi                  | s form                   |                       |
| Signed C-/Utl  | Date 28 /8 / 200         | 1                     |
| A director / secretary / administrator / administrative receiver / receiver manager / re |                          | 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.

| C.FLETT   | , LE | TOLNIA | AN HOUSE,        |  |
|-----------|------|--------|------------------|--|
| MIDLAND   |      |        |                  |  |
| 5. Gros   | 6535 | 268    | Tel 01454-415566 |  |
| DX number |      | DX exc | change           |  |