

88(2)

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. **CHFP089**

Company Number	3548695 CSTIM Limited		
Company Name in full			
Shares allotted (including bor	nus shares):		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From	То	
	Day Month Year 1 8 0 3 2 0 0 4	Day Month Year	
Class of shares (ordinary or preference etc)	Ordinary		
Number allotted	400		
Nominal value of each share	£1.00		
Amount (if any) paid or due on each share (including any share premium)	£328.00		
List the names and addresses of the a	allottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully o	r partly paid up otherwise than i	n 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 88(3) if the contract is not in writing)			
	When you have completed and the Registrar of Companies at		

A47 COMPANIES HOUSE 31/03/04 Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 Edinburgh

Shareholder details	^{∌nt} Shares and sha	re class allotted
_Name		
Mr Lionel Jules Rene De Nicola	Class of shares allotted	Number allotted
Address Protea Heights, Martingale Avenue, Hout I		UUU
Africa 7806	ordinary	325
UK Postcode		323
Mr Dirk Cornelius Stern Name 45 Parker Street, Durbanville South Africa 7550 Address	Class of shares allotted	Number _ allotted
Addiess	Ordinary	19
Name UK Postc	Class of shares	Number allotted
Mr Chris Lourens 13A Miami Place, Faerie Glen, Pretoria Sou	uth Africa Ordinary	56
UK Postcode	Class of shares allotted	Number allotted .
NameUK Postcode	Class of shares allotted	Number _ allotted _
Address		
UK Postcode		
	Date 18 th March 20	04
Please enter the number of continuation sheets (if any)	attached to this form	
A.director / secretary / administrator / administrative receiver / reseive	r manager / receiver Please	e delete as appropriate.
Please give the name, address, elephone number and, if available,	nsultants Limited	
DX number and Exchange of .	• = •	
DX numb		3 427 3727