

Return of Allotment of Shares

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

nnany Number

360	213	2 H
200	J 1	3 7

Company Number				
Company name in full				
Shares allotted (including bon	us shares):			
	From	To ·		
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)	3,00,92003			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	689 000			
Nominal value of each share	夫!			
Amount (if any) paid or due on each share (including any share premium)	t ii			
List the names and addresses of the	allottees and the number of shares allot	ted to each overleaf		
If the allotted shares are fully o	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 stamped particulars on Form 88(3) if the				
contract is not in writing)				

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

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



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

Name PHOENIX INTERNATIONAL BETEILIGUNGS GMBH Address PFINGSTWEIDSTRASSE 10-12 MANNHEIM GERMANY	Class of shares allotted	Number allotted		
PFINGSTWEIDSTRASSE 10-12	ORDINARY			
MANNHEIM GERMANY	·····	689 000		
	<u></u>	L		
UK Postcode LLLLL				
Name	Class of shares allotted	Number allotted		
Address				
	L	<u> </u>		
UK Postcode		L		
Name	Class of shares allotted	Number allotted		
Address				
	L			
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
	<u> </u>			
UK Postcode	L			
Name	Class of shares allotted	Number allotted		
Address	•			
	·	L		
UK Postcode		L		
Please enter the number of continuation sheets (if any) attached to this form	m			
Signed Date	30.9.2	L940 3		
A director / secretary / administrator / administrative receiver / receiver manager / receiver Please delete 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.

D. GONLT GO PHOENIX MEDICAL SHPPHES LTD				
DX number DX exchange				