

## **Return of Allotment of Shares**

CHFP000

Company Number	3612761					
Company name in full	BETTESWORTHS PROFESSIONAL LIMITED					
·						
Shares allotted (including bor	nus 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.	3,11,21,9,9,9					
Class of shares (ordinary or preference etc)	"A" ORDINARY					
Number allotted	1					
Nominal value of each share	₹ı					
Amount (if any) paid or due on each share (including any share premium)	1 €1					
List the names and addresses of the	e 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						
Consideration for which	11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.					
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:



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COMPANIES HOUSE

29/04/00

rge

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 **Edinburgh** 

Names and addre	esses of the allottees	(List	joint share allotments consecutively,
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Shareholder details	Shares and share class allotted		
Name  MRS C J BODGER	Class of shares allotted	Number allotted	
Address  9 LONG-MEAD WALK  PALCALTON LA DOCUMENT	"A" ORDINARY		
LIGHTON, DEVON  UK Postcode I & 3 L 1 A I	1		
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address		L	
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address		<b>L</b>	
UK Postcode	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address		<b>.</b>	
UK Postcode		<u> </u>	
Please enter the number of continuation sheet(s) (if any) attached to this	form NIA		
Signed Date		2/99	
A director / secretary / administrator / administrative receiver / receiver manager / receiver / re	ver Please del	ete 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.

CHARTERED ACCOUNTANTS	DX exc	hange		<u> </u>
CLARK	Tel. 01803 400000 Fax. 01803 407390	Tel		
76	Devon TQ1 1DE		· .	
FRANCIS	58 The Terrace			