

Please complete form in typescript, or in bold black capitals CHFP135

Return of Allotment of Shares

CHFP135								
Company Number	03629907							
Company Name in full	Matta Consulting Ltd							
Shares allotted (including bonus	shares):							
	From	То						
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)	0 1 0 8 2 0 0 3							
Class of shares (ordinary or preference etc)	Ordinary B							
Number allotted	20							
Nominal value of each share	£1							
Amount (if any) paid or due on each share (including any share premium)	£1.00							
List the names and addresses of the allo	ottees and the number of shares allotted	to each overleaf						
If the allotted shares are fully or p	eartly paid up otherwise than in ca	sh 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

COMPANIES HOUSE

writing)

0215 22/07/04 When you have completed and signed the form please 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 DX 235 For companies registered in Scotland Edinburgh

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

	, Sh	areh	older	Shares and share class allotted						
	Name								Class of shares	Number
	Mr N Baskett						allotted	ailotted		
	Address									
5 Paddenswick Court, Paddenswick Road, London									Ordinary B	10
										
L	UK Postcode	W	6	<u></u>	<u> </u>	0	U	<u> </u>		
	Name								Class of shares	Number
	Mr C R McNab								allotted	allotted
	Address							1		
Į	5 Station Road, Shirehampton, Bristol, Somerset							Ordinary B	10	
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	UK Postcode	В	S	1	1	9	T	U		
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	Please enter the r	numbe	r of co	ntinua	ation sh	eets (if a	ny) at	ached	to this form 0	
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Οij	Signed Date									
	A director / secretary / administrator / administrative receiver/ receiver manager / receiver Please delete as appropriate									
				[-					10.14.
	Please give the name, address,								IG WATKINS	
telephone number and, if available a DX number and Exchange of the							TH	E ISLAND HOUSE,		
	son Companies House			ſ					Tel Ban	SOMER NORTON, STOCK, BA3 2DZ.
	ntact if there is any quer			}	DY nu				1 1/3 1	hone: 01761 413869