

for the revent

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

03919571

Company name in full

TIGERCHILD LTD	20 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	*	in the separation of the
	<u> </u>			

Shares allotted ((including	bonus	shares	١:

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
3 1	1 2	2 0 0 3			

From

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY		
26752	: :	
1p		
1p		

List the names and addresses of the 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 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)

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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



Form Revised January 2000

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

Shareholder d	etails	Shares and share	class allotted
Name JOHN KINDER		Class of shares allotted	Number allotted
Address 55 THORNHILL SQUARE		ORDINARY	26752
LONDON		- -	
UK Pos	stcode N 1 1 B E		
Name		Class of shares allotted	Number allotted
Address		-	
UK Pos	stcode <u> </u>		
Name		Class of shares allotted	Number allotted
Address		_	
		_	
UK Pos	stcode		. L
Name		Class of shares allotted	Number allotted
Address			ı
	A		. L
	stcode		
Name		Class of shares allotted	Number allotted
Address			
L			. L
UK Pos	stcode	<u> </u>	. L
Please enter the number of continual	tion sheets (if any) attached to this	form	
Bigned Signed		ate 6-2-0	
A director / secretary / administrator / admi	Inistrative receiver / receiver manager / rec	erver Please	delete as appropriate
Please give the name, address, elephone number and, if available,	JOCELYN JAMES		
a DX number and Exchange of the person Companies House should	73 PURSERS CROSS ROAD		
contact if there is any query.	LONDON SW6 4QZ Tel 020 7371 9128		

DX number

DX exchange