

## 88(2) Return of Allotment of Shares

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

**Company Number** 

Company name in full

1 1 0 1 3 3 3 7 1
3980559

TRAVER SCRESWING SERVICES LIMITED

## Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box) From To

Day Month Year Day Month Year

1 6 0 6 2 0 0 1

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	
500	
£,	
£,	

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) NIL .

7 \*\*AQQU62A3\*\* 0258
COMPANIES HOUSE 12/07/01

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

Companies House, Crown Way, Cardiff CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 33050 Cardiff

For companies registered in England and Wales

For companies registered in Scotland

DX 235 Edinburgh

Form revised January 2000

Shareholder details	Shares and share	class allotte
Name CHARLES JOHN JAMES CASMON	Class of shares allotted	Number allotted
Address		
26 GOWRIE ROAD	ORDINART	500
	L	
UK Postcode & ULI L SWR		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address		
UK Postcode L L L L L		L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode	L	L
Please enter the number of continuation sheets (if any) attached to this fo	orm	
gned <u>EUAMOU</u> , Date	24 6 Or.	
A director / <del>secretary / administrator / administrative receiver / receiver manager / receive</del>	er Please d	lelete 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.

ROBERT ASHDOWN										
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(3~9	)5~	SW6 76	Зн	Tel	0207	385	1168			
DX number		DX exchange				-				