

## **Return of Allotment of Shares**

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

**Company Number** 

10390

Company name in full

	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  SINGLE STATE OF THE STATE OF T			
Class of shares (ordinary or preference etc)	20			
Number allotted	98			
Nominal value of each share	$\pm (-\infty)$			
Amount (if any) paid or due on each share (including any share premium)	h £1.00			
List the names and addresses of th	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 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)

Shareholder details		Shares and share	Shares and share class allotted	
Name  CALTERNA	S	Class of shares allotted	Number allotted	
Address LIGH ST	RECT	oe to	- 98	
HOSEN-1W- REC				
COLHUL UK Pos	tcode BUSL SBS	L	L	
Name		Class of shares allotted	Number allotted	
Address		· 	L	
UK Pos	tcode	_	L	
Name		Class of shares allotted	Number allotted	
Address		_	· .	
UK Pos	tcode	_		
Name		Class of shares allotted	Number allotted	
Address			· : :	
UK Pos	tcode		<u>L</u>	
Name		Class of shares allotted	Number allotted	
Address		_	·	
UK Postcode L L L L L				
Please enter the number of continuate Signed Adirector / secretary / administrator / admi	·	Date30/4/9	್ರೀ delete as appropriate	
Please give the name, address, elephone number and, if available,				
a DX number and Exchange of the person Companies House should contact if there is any query.		Tel		
	DX number	DX exchange		