



# 88(2)

## Return of Allotment of Shares

Please complete in typescript,  
or in bold black capitals.

CHFP001

Company Number

04170622

Company name in full

DELTAMOOD 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	5	1	0	2	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)

ORD		
2		
£1		
£1		

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

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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 DX 235  
For companies registered in Scotland Edinburgh



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

Shareholder details	Shares and share class allotted	
Name Marylebone Holdings Limited Address 5 Marylebone Mews London UK Postcode W 1 G L 8 P X	Class of shares allotted ORDINARY	Number allotted 1
Name Marylebone Nominees Limited Address 5 Marylebone Mews London UK Postcode W 1 G L 8 P X	Class of shares allotted ORDINARY	Number allotted 1
Name  Address   UK Postcode L L L L L L L	Class of shares allotted	Number allotted
Name  Address   UK Postcode L L L L L L L	Class of shares allotted	Number allotted
Name  Address   UK Postcode L L L L L L L	Class of shares allotted	Number allotted

Please enter the number of continuation sheet(s) (if any) attached to this form

☐

Signed

*[Signature]*

Date 15 OCTOBER 2001

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please delete 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.

CAVERSHAM SERVICES LIMITED	
5 MARYLEBONE MEWS	
LONDON W1G 8PX	Tel 020 7535 1250
DX number	DX exchange