Please complete in typescript, or bold block capitals CHFP085

Return of Allotment of Shares

Company Number	4204327				
Company Name in full	ARLAFORM LIMITED				
Shares allotted (including	bonus shares):	, , , ,			
	From		To		
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)	22 015 21010				
Class of shares (ordinary or preference etc)	ord				
Number allotted	998			_	
Nominal Value of each share	2				
Amount (if any) paid or due on each share (including any share premium)	1				
List the names and addresses of the	allottees and the number	of shares allotted to	each overlea	ıf	
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					
			A COLUMN TO THE STATE OF THE ST		
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)					
5 ,					



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 for companies registered in Scotland

DX 235 Edinburgh

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

Shareholder details	Shares and share class allotted			
Name LARLACROSS LIMITED	Class of shares allotted	Number allotted		
Address LES THE PREMIER CENTRE	LORD	998		
1 ABBEL PARK, ROMSEY, HANTS				
UK Postcode SO5U9A0				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode	L			
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
	<u></u>			
VK Postcode Name	Class of shares	Number		
Name	allotted	Number allotted		
Address].			
UK Postcode				
Please enter the number of continuation sheets (if any) attache	ed to this form	7		
	``````			
Signed		02. 9001		
A director/secretary/administrator/administrative receiver/receiver manager/receiver Please delete as appropriate				