

Return of Allotment of Shares

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

Company Number

447 2331

Company name in full

ASHOLME	PROPERTIES LIMITED	

•						
Shares allotted (including bonus shares):						
	From		То			
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)	3/1/220	311/22002				
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	99					
Nominal value of each share	E1					
Amount (if any) paid or due on eac share (including any share premium)	h <u>£</u> 1					
List the names and addresses of th	e allottees and the number of	shares allotted to ea	ch 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

DX 235 Edinburgh

Shareholder details		Shares and share	Shares and share class allotted	
Name MLESCA JOHNSON		Class of shares allotted	Number allotted	
Address				
15 RICHMOND GROVE		ORDINARY	49	
BEXHILL ON SEA	····			
EAST SUSSEX UK PO	estcode IN393ER	L		
Name		Class of shares allotted	Number allotted	
Address			_	
LAURENCE FRANK MILE	ORDINHRY	5.		
> 52 WILLINGDON PARK DI	RIVE	_	<u> </u>	
EAST SUITER UK PO	stcode BN22PBT	Ŀ		
Name		Class of shares allotted	Number allotted	
Address				
			<u></u>	
UK Po	stcode		L	
Name		Class of shares allotted	Number allotted	
Address		-	·	
		_	<u></u>	
1			L	
UK Po	stcode	L		
Name		Class of shares Number allotted allotted		
Address		_		
L			L	
LIZ	standa	_		
UK Pos	stcode			
Please enter the number of continua	tion sheets (if any) attached to this	form		
1	,	<u>L</u> i		
Signed Mull	D	ateO1 01 2-50	3	
A director / secretary / administrator / admin	inistrative receiver / receiver manager / rec	eiver Please de	lete 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.				
and a distribution of the state		Tel		
	DX number	DX exchange		