

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHFP000

Company Number

Company name in full

46	146	97
70		7 /

Company name in full	HAVANA CIGARS LTD		
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)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	99		
Nominal value of each share	₹1		
Amount (if any) paid or due on each share (including any share premium)	£99		
List the names and addresses of the allo	ottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully or p	partly paid up otherwise than in	າ 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 an	d signed the form send it to	



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Form revised January 2000

the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details	Shares and share	Shares and share class allotted	
Name VAREN ONCHANT	Class of shares allotted	Number allotted	
Address 10 MEADOW DRIVE	ORDINARY	99	
HENDON		L	
LOWDON UK Postcode NWHLLEB	L	L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode	L		
Name	Class of shares allotted	Number allotted	
Address			
t		L	
UK Postcode L L L L L L	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			
		1	
UK Postcode L L L L L		L	
Please enter the number of continuation sheets (if any) attached to	this form		
Signed X hill After	Date V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
A director / secretary / administrator / administrative receiver / receiver manager	Freceiver 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	Tel		
DX number	DX exchange		