

Please complete in typescript, or in bold black capitals. CHFP036

Company Number

Return of Allotment of Shares

Company name in full	SAMPORD PROPORTY MANAGEMENT CO		
Shares allotted (including bor	nus 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 2 4 0 1 2 3 3		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	99		
Nominal value of each share	R1		
Amount (if any) paid or due on each share (including any share premium)	th .		
List the names and addresses of t	he 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		

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COMPANIES HOUSE

08/02/03

Form Revised January 2000

For companies registered in England and Wales

DX 235 Edinburgh

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

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

Shareholder details		Shares and share class allotted	
Name MRS. JA WIAA	2 C C 6 - Y	Class of shares allotted	Number allotted
Address	L DRIVE, BAMFORD	ORDINARY	99
POCHOP CE			
UK P	ostcode OLII 4AX		
Name ARA A WAUG-1	4 Ju	Class of shares allotted	Number allotted
Address 9 M.Ob. HALL ROCHAGE	Daidó Banford	CAONANY	
UK F	ostcode : Oth 4AY		
Name		Class of shares allotted	Number allotted
Address			
		<u> </u>	L
UK P	ostcode	<u> </u>	
Name		Class of shares allotted	Number allotted
Address			
UK P	ostcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
		L	
UK Postcode			
Please enter the number of continual	tion sheet (if any) attached to this form		
gnedA director / segretary / administrator / admi	Date	5.2.03	
	_		elete as appropriate
ease give the name, address, lephone number and, if available,	A. Carroll Associates Lt 9 Limefield Road		
DX number and Exchange of the rson Companies House should	Salford Nanobester M7 4LZ		au
ntact if there is any query.	Phone 0161 281 1166	Tel	-
	DX number DX	evchanne	