

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. **CHWP000** 

**Company Number** 

Company name in full

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049	812	-17	

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KPRENEWABLES PLC		

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

FIOIR				10			
Day	Month	Year	Day	Month	Year		
311	013	2101014	311	03	201014		

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)

ORDINARY	
34,500,000	
1 perce	
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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

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)

100 %			

When you have completed and signed the form send it to 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 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

Form revised 10/03

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

Shareholder det	Shares and share class allotted		
Name KWIKPOWGR (NTG)	ENATIONAL PLC (GIB)	Class of shares allotted	Number allotted
Address Po Box 777	ENROPORT 932	ORDINARY	34,500,000
GIBRALTAR		<u> </u>	
UK Posto	ode <u>LLLLL</u>	<u> </u>	
Name		Class of shares allotted	Number allotted
Address			
L			<u> </u>
UK Postco	ode		L
Name		Class of shares allotted	Number allotted
Address			
UK Postco	ode		
Name		Class of shares allotted	Number allotted
Address			
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UK Postco	ode <u>LLLLL</u>	<u> </u>	L
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Postco	ode LLLLL		
Please enter the number of continuation	n sheets (if any) attached to this fo	orm 1/1	
gned Adupus	Date	31/03/04	Ł
A director / secretary / edministrator / administ	rative receiver / receiver manager / receiv	er. Please	delete as appropriate
formation in the box opposite but			
you do, it will help Companies ouse to contact you if there is a			
uery on the form. The contact formation that you give will be	Tel		
	DX number E	X exchange	