

for the record

Return of Allotment of Shares

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

Company Number

Company name in full

5116516		
Robinson Sharpe Insura	ance Brokers 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)	0 5 1 1 2 0 0 4	0 5 1 1 2 0 0 4	
Class of shares (ordinary or preference etc)	Ordinary		
Number allotted	99		
Nominal value of each share	£1-00		
Amount (if any) paid or due on each share (including any share premium)	£1-00		
List the names and addresses of the all	ottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully or	partly paid up otherwise than in	n 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 For companies registered in England and Wales

DX 33050 Cardiff

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

DX 235 Edinburgh or LP - 4 Edinburgh 2

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

record.

Shareholder deta	Shares and share class allotted			
Name Robinson Sharpe Limited		Class of shares allotted	Number allotted	
Address 14-16 St Leonard's Road		Ordinary	99	
Northampton		_		
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Name		Class of shares allotted	Number allotted	
Address			unottod	
			L	
UK Postco	ode		<u></u>	
Name		Class of shares allotted	Number allotted	
Address				
UK Postco	ode			
Name		Class of shares allotted	Number allotted	
Address				
UK Posto	ode LililL	<u> </u>		
Name		Class of shares allotted	Number allotted	
Address				
I				
UK Postc	ode L.L.L.L			
Please enter the number of continuation	n sheets (if any) attached to thi	is form		
igned	AU .	Date S: 11/04		
A director / eccretary / administrator / adminis	strativ a receiver / rec eiver manager / re	eceiver Please	delete as appropriate	
ou do not have to give any contact	Max Bayes			
you do, it will help Companies louse to contact you if there is a	33 Main Road, Hackleton, Northants			
uery on the form. The contact formation that you give will be		Tel 01604 870069 DX exchange		
risible to searchers of the public	DX number			