

88(2)
Return of Allotment of Shares

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

Company Number

5	2	5	13	वे बे	
			• ->		

Company name in full	STANFORD ACCOUNTANCY SERVICES LTD					
Shares allotted (including bonus shares):						
	From To					
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)	0161102101014					
Class of shares (ordinary or preference etc)	DEDINARY					
Number allotted						
Nominal value of each share	£1.00					
Amount (if any) paid or due on each share (including any share premium)	ch £1.00					
List the names and addresses of the	ne 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:

AHF DAZKC

A31 COMPANIES HOUSE

0818 22/10/04 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

Shareholder d	Shares and share	class allotte	
Name EDWARD BAYORSO Address	2	Class of shares allotted	Number allotted
FLAT 3,		DRDINARY	
302 DALSTON LA	4NE		
-	tcode EBLIJG	L	L.,
lame		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode	Ł	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode <u>LLLLLL</u>	t	L
Name		Class of shares allotted	Number allotted
Address			
		L	L
UK Pos	stcode L L L L	L	
Please enter the number of continua	tion sheets (if any) attached to the	nis form	
igned Edbayn A		Date 13/10/04	
A director / secretary / administrator / adm	nistrative receiver / receiver manager / r		elete as appropriate
ease give the name, address,			
lephone number and, if available, DX number and Exchange of the			-
erson Companies House should ontact if there is any query.		Tel	
	DX number	DX exchange	· · · · · · · · · · · · · · · · · · ·