

**Return of Allotment of Shares** 

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

Company name in full

5374574		
Computize	SHOP SERVICES	AD.

Shares allotted (including bonus s	hares):			
	From	То	То	
Date or period during which shares were allotted If shares were allotted on one date enter that date in the "from" box)	Day Month Year  2   4   0   2   2   0   0	Day Month Year		
Class of shares ordinary or preference etc)	ORDINALY			
Number allotted	2			
Nominal value of each share	夫1			
Amount (if any) paid or due on each share (including any share premium)	<del>1</del>			
List the names and addresses of the allo	ttees and the number of share	es allotted to each overleaf		
f the allotted shares are fully or p	artly paid up otherwise th	nan in cash please state:		
% that each share is to be reated 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)				



Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 Edinburgh

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

Shareholder details	Shares and share class allotted	
Name STEPHEN JOHN ADAMS.	Class of shares allotted	Number allotted
Address 1 LATYMIR CLOSIZ, BRAYBLOOKE MARKET HARBOROUGH, LIZIC	oldinaly	_2
UK Postcode LELL SILN		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		1
Name	Class of shares allotted	Number allotted
Address		
	<u> </u>	
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this t	form	
Signed Da	te 24/2/20	005
A director / secretary / administrator / administrative receiver / receiver manager / receiver		elete 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.

STEPHS	WHOL W	AND Pro	ms_	
1 LATUM	EL CLOSES,	722	y Poloo	KB
MARKET	HALBOROUGH	Tel (	ł	407875
DX number		change		