

## 88(2) Return of Allotment of Shares

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

**Company Number** 

Company name in full

		419	¥5375
GRCHID ESTATES LIMITED	LIM (TY)	OSTATES	6RCHID

Shares allotted (including bonus shares):						
	From		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		ay Month Year			
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	98					
Nominal value of each share	\$1					
Amount (if any) paid or due on each share (including any share premium)	\$1					
List the names and addresses of the allo	ttees 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:

DX 33050 Cardiff

DX 235

Edinburgh

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

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

Shareholder details Shares and share cl			lass allotted	
Name 705HUA NEUMANN		Class of shares allotted	Number allotted	
Address 33 LEWESTON P	LACE	GRDINARY	98	
UK Post	code NIGL GRI			
Name		Class of shares allotted	Number allotted	
Address		_		
UK Post	code			
Name		Class of shares allotted	Number allotted	
Address			L	
UK Post	code			
Name		Class of shares allotted	Number allotted	
Address		_		
LIK Post	code			
Name		Class of shares allotted	Number allotted	
Address		_		
LIV Post	oodo		L	
	code the chart to this	, form		
Please enter the number of continuati		ate /O Moch 2005	^	
A director / secretary / administrator / admin	istrative receiver / receiver manager / rec	eiver Please del	ete 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.		Tel		
	DX number	DX exchange		