

## **Return of Allotment of Shares**

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

**Company Number** 

Company name in full

561089	<u> </u>					
CURTIS	ے	Co	LTD			

Shares allotted (including bonus shares):							
	From	То					
Date or period during which shares were allotted	Day Month Ye	ear Day Month Year					
(If shares were allotted on one date enter that date in the "from" box)	0/2 1/1 2/0	05 04112005					
Class of shares (ordinary or preference etc)	ordinary						
Number allotted	99						
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	ottees and the number of sh	nares 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	100%						
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)	CASH						



When you have completed and signed the form send it to the **Registrar of Companies at:** 

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

		<b>*</b> -	
Shareholder details	Shares and share class allotted		
Name PETER J CURTS	Class of shares allotted	Number allotted	
Address			
14 CROSSFELL ROAD	100012 AM	99	
Hemer hempsterto, Herris	_	<u> </u>	
UK Postcode HP3_8RF			
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode L L L L L	<u> </u>	<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode	_		
Name	Class of shares allotted	Number allotted	
Address	-		
UK Postcode			
Please enter the number of continuation sheets (if any) attached to this	form		
Let 101	4 - 1 - 2 - 2		
A director / secretary / administrator / administrative receiver / receiver manager / receiver	ate	elete as appropriate	
Please give the name, address,	Chartered Account	ntants	
telephone number and, if available, a DX number and Exchange of the	14 Crossfe		
a DX number and Exchange of the	Hemel Hen	,	

DX number

contact if there is any query.

Chartered viocognitarity	
14 Crossfell Road	
Hemel Hempstead	
Hertfordshire HP3 8RF	
Tel: 01442 217 100 Fax: 01442 217 130	
DX exchange	