

Please complete in typescript, or in bold black capitals

CHFP025

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Daturn of	Allatm	ant o	f Sha	#

Company Number	06172268				
Company name in full	ADD WELLNESS HOLDINGS LIMITED				
Shares allotted (including t	bonus shares):				
•	From To				
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 Day Month Year				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	36,700,000				
Nominal value of each share	10 pence				
Amount (if any) paid or due on eac share (including any share premium)	h 10 pence				
List the names and addresses of the	allottees and the number of shares allotted to each overleaf				
If the allotted shares are fu	lly 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					
(Tris information must be supported by the duly stamped contract or by the duly					



A19 02/08/2007 **COMPANIES HOUSE** 

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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 DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details		Snares and snare class allotted			
Name		Class of shares	Number		
BUPA FINANCE PLC		allotted	allotted		
Address					
15-19 BLOOMSBURY WAY		ORDINARY	36,700,000		
LONDON		.	<u> </u>		
UK Post	tcode WCLA2BA				
Name		Class of shares			
L		allotted	allotted		
Address					
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UK Post	tcode _ L _ L _ L		<b>—</b> ———		
Name		Class of shares	Number		
<u> </u>		allotted	allotted		
Address					
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		-	<u> </u>		
UK Post	tcode	<u> </u>			
Name		Class of shares	Number		
		allotted	allotted		
Address					
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UK Posi	tcode L L L L				
Name		Class of shares allotted	Number alfotted		
		-   ###	anoneu		
Address					
<u> </u>		-	<u> </u>		
		-	<u> </u>		
UK Post	tcode				
Please enter the number of continuation	n sheets (if any) attached to this for	n			
	~	> 17/0	7		
Signed	Da	1 (			
A director / secretary / administrator / admin	istrative receiver / receiver manager / receiver	erver Please de	elete as appropriate		
Please give the name, address,	Finers Stephens Innocent LLP				
telephone number and, if available, a DX number and Exchange of the	phone number and, if available,				
person Companies House should	179 Great Portland Street, London,, W1W 5LS				
contact if there is any query	Ref. 544649 11 Tel 020 7323 4000				
A constraint of the second of	DX number DX 42739	DX exchange Oxford	Circus North		
Laserform International 02/00			27475		