

Please complete in typescript, or in bold black capitals **CHFP029**

Return of Allotment of Shares

Company Number	47926		
Company name in full			
Company name in rail	CLYBESTALE BANK INSU	eance blokers Limited	
Shares allotted (including bond	us shares):		
	From	То	
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)	215 015 2101014		
Class of shares (ordinary or preference etc)	ORDINARY £1.00		
(ordinary or prototoriou ota)	PONOTINE L		
Number allotted	175,131		
Nominal value of each share	£1.00		
Amount (if any) paid or due on each share (including any share premium)	25.71		
List the names and addresses of the a	illottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully o	r partly paid up otherwise than ir	n cash please state:	
% that each share is to be treated as paid up	100.00%		
Consideration for which the shares were allotted (This information must be supported by	£1,000,000		
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 ar		

Comp



ompanies House, Crown Way, Cardiff CF14 3UZ or companies registered in England and Wales DX 33050 Cardiff

ompanies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 or companies registered in Scotland **Edinburgh**

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

Shareholder details		Shares and share class allotted	
Name NATIONAL EUROPE HOLDINGS (WEALTH MANAGE	EMENT) LIMITED	Class of shares allotted	Number allotted
Address		_	
88 WOOD STREET, LONDON, ENGLAND		∟ Ord £1	175,131
UK Pos	stcode E C 2 V 7 Q Q		
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode	_	_
Name		Class of shares allotted	Number allotted
Address		-	
L		_	
UK Pos	stcode	L	
Name		Class of shares allotted	Number allotted
Address			
		- -	
UK Pos	tcode		L
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Pos	tcode	1	
Please enter the number of continuation		form ate 22 TWE 2	D4
A director / secretary / administrator / administr	rative receiver / receiver manager / receiver	Please dele	te as appropriate
Please give the name, address, elephone number and, if available, DX number and Exchange of the			
erson Companies House should		Tel	
contact if there is any query.	DX number	DX exchange	