

## Return of Allotment of Shares

To

Please complete in typescript, or ın bold black capıtals. CHWP000

Company Number

Company name in full

SC77438	
0011100	

Evanks Gran	np plc		

## Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

From Year Day Month Year Day Month 3 013 ٥ 210101 0 01016

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

Ordinary	
2,527	
10 pence	
£1 445	

List the names and addresses of the allottees 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)

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

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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 d	etails	Shares and share	Shares and share class allotted	
Name Michael Paul Bower		Class of shares allotted	Number allotted	
Address 33 Tyn y-Coed, Ystrad	Myrach, Hergoed	Ordinary	765	
UK Pos	stcode CE&L7DD		L	
Name William James Walker		Class of shares allotted	Number allotted	
25 Florence Road, Acol	es Green, Brringham	Ordinary	1762	
UK Pos	stcode <u>6</u> 27 6 4 8			
Name		Class of shares allotted	Number allotted	
Address		_		
UK Pos	tendo		<u> </u>	
Name	itcode LLLLLL	Class of shares	Number	
Address		allotted	allotted	
			L	
UK Pos	tcode டடடடடடட	L	L	
Name		Class of shares allotted	Number allotted	
Address		_		
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UK Pos	tcode		<u> </u>	
Please enter the number of continuat	ion sheets (if any) attached to this	form		
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A director / secretary / administrator / admin		ate	delete as appropriate	
_ <del></del>	institutive (essive) in the control of the control	elvel Flease (	aciete 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		