

88(2)
Return of Allotment of Shares

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

Company Number

Company name in full

203230

Company name in run	WELEDA (UK) LTD		
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 Day Month Year O 2 0 0	To Day Month Year	
Class of shares (ordinary or preference etc)	o Ralladd		
Number allotted	175,000		
Nominal value of each share	₹1		
Amount (if any) paid or due on each share (including any share premium)	1175,000		
List the names and addresses of the all	lottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully or	partly paid up otherwise than in	ո 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)		·	
<u> </u>			
	When you have completed and	d 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

lames and addresse	of the allottees ((List joint share allotments consecutively)
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Shareholder details		Shares and share	class allotted
Name Weleda Ala		Class of shares allotted	Number allotted
Address Stollentain II, CH =	4144 ARKESMEEN	Codioca	. 175 000
		_ Crdinary	175,000
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		-	
			L
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode		<u> </u>
Name		Class of shares	Number
		allotted	allotted
Address			,
UK Pos	tcode <u> </u>		
Name		Class of shares allotted	Number allotted
Address		_	
			
UK Pos	tcode L L L L		L
Please enter the number of continuati	ion sheets (if any) attached to thi	s form	
igned David P.L.		Date 29/6/00	
A director / secretary / administrator / admin	<u>_</u>	, ,	delete as appropriate
lease give the name, address,			<u> </u>
lephone number and, if available, DX number and Exchange of the			
erson Companies House should ontact if there is any query.			
made ii inere is any query.		Tel	
	DX number	DX exchange	