

Please complete in typescript, or in bold black capitals.
CHFP041

88(2) Return of Allotment of Shares

Company Number	2146011			
Company name in full	BWD SECURITIES PLC			
Shares allotted (including bonus shar	es):			
	From		То	
Date or period during which shares were allotted (if shares were allotted on one date	Day Month Year	Day	Month Year	
enter that date in the "from" box.)	1 3 0 9 2 0 0	1		
Class of shares (ordinary or preference etc.)	ORDINARY			
Number allotted	1,733			
Nominal value of each share	10p			
Amount (if any) paid or due on each share (including any share premium)				
List the names and addresses of the a	allottees and the number o	of shares allotted to	each overleaf	
If the allotted shares are fully o	or partly paid up other	wise than in cas	h 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)				

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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 for companies registered in Scotland Edinburgh

Companies House receipt date barcode



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

Shareholder details		Shares and share class allotted	
Name		Class of shares	Number
JOHN JOSEPH MULLIGAN		allotted	allotted
Address			
195 GREEN LANE, MAGHULL, LIVERPOOL, MERSEYSIDE		LORDINARY	1,733
		L	
UK Po	stcode <u>F310BP</u>	L	_
Name		Class of shares allotted	Number allotted
Address			
Address			
UK Po	stcode L L L L L		_
Name			
L		Class of shares allotted	Number allotted
Address			
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		<u> </u>	_
UK Po	stcode L_L_L_L_L	L	_
Name		Class of shares	Number
		allotted	allotted
Address			
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Name		Class of shares	Number
L		allotted	allotted
Address			
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Please enter the number of continu	ation sheet(s) (if any) attached to thi	s form	
^ \			
SignedA director / secretary / administrator / administ	Date	Please delete as a	enorooriate
A director / secretary / auministrator / auminist	narre manager / receiver manager / (eceiver	- Acade delete as	
Please give the name, address,			
telephone number and, if available,	NORTHERN REGISTRARS LIMITED)	
a DX number and Exchange of the person Companies House should / NORTHERN HOUSE			
contact if there is any query.	WOODSOME PARKel		
	I LIVII DINDOL	1484 600200	
	DX numbe HUDDERSFIELD FD8 9156 har	ige	

NORTHERN PEOLOTICS CHATES	
NORTHERN REGISTRARS LIMITED	
' ' NORTHERN HOUSE	
WOODSOME PARKel	
FENAY BRIDGE 01484 600900	
DX numbe HUDDERSFIELD ADS 986 hange	