

Return of Allotment of Shares

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

Company Number

Company name in full

03100457

SENSOTEC	4-WARN	HIMITED	

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)

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)

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Day	-Month	Year	Day	Month	Year
3 11	1 2	401013			

ORDINARY				
£ 8				
£ 8				
₹ 8				

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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04/03/04 0188 19/02/04 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

For companies registered in Scotland

DX 235 Edinburgh

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names	and address	es of the allottees	S (List joint share allotments cons	ecutively)
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Shareholder de	Shares and share	Shares and share class allotted			
Name SENSOTE C HOLDIN	1gs PLC	Class of shares allotted	Number allotted		
Address UNITT ENTERPR	ISE PARK, BALA	- 025'Y5'A	<u>6</u>		
UK Posto	code FF537MF		L		
Name MR ROBERT POU	LSEN	Class of shares allotted	Number allotted		
Address THE		ORD. ARRY			
UK Posto	ORCESTER SHIRE		L		
Name		Class of shares allotted	Number allotted		
Address		_ [
UK Posto	code				
Name		Class of shares allotted	Number allotted		
Address		_			
UK Posto	code		<u> </u>		
Name L		Class of shares allotted	Number allotted		
Address		_			
UK Posto	code		L		
Please enter the number of continuation	on sheets (if any) attached to this	s form			
Signed CADALV A director / secretary / administrator / adminis	·	ate Place d	elete as appropriate		
Please give the name, address,		Flease u			
telephone number and, if available, a DX number and Exchange of the person Companies House should			WANTE TO THE PARTY OF THE PARTY		
contact if there is any query.		Tel			