

## **Return of Allotment of Shares**

CHFP000			
Company Number	3867500		
Company name in full	THORUSETT PROPERTIES LIHITED		
Shares allotted (including bor	nus shares):		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.	From To  Day Month Year Day Month Year  O 9 11 200 1		
Class of shares (ordinary or preference etc)	YARMIDAO		
Number allotted	2		
Nominal value of each share	E1		
Amount (if any) paid or due on each share (including any share premium)	th EI		
List the names and addresses of th	e 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)			

UTJ 003 When you have completed and signed the form send it to the Registrar of Companies at: STRATIALION DA (EŽĒ)



A50 COMPANIES HOUSE

25/11/00

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 S For companies registered in Scotland

**DX 235 Edinburgh** 

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

Shareholder details	Shares and share of	Shares and share class allotted	
Name TASWINDER KAUR CHOKER	Class of shares allotted	Number allotted	
Address ROAN ROANS	VARMIARO		
BROOMHILL, SHEFFIELD			
UK Postcode			
Name CHARAWITT SINGH CHOKER	Class of shares allotted	Number allotted	
Address	rapaiaso,		
BROOMHILL, SHEFFIELD		ı	
UK Postcode 212 SET			
Name	Class of shares allotted	Number allotted	
Address			
<u> </u>			
UK Postcode L L L L L			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address	_		
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L		<u>.</u>	
UK Postcode டடடடட		<u> </u>	
Please enter the number of continuation sheet(s) (if any) attached to	this form	<u> </u>	
	Date	0	
A director / secretary / administrator / administrative receiver / receiver / receiver /	MCLEOD LTD Please de	elete as appropriate	
Please give the name, address,	RED ACCOUNTANTS	<u> </u>	

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.

······································	CHARTERED ACCOUNTANTS
· · · · · · · · · · · · · · · · · · ·	51 CLARKEGROVE ROAD
	SHEFFIELD S10 2NF
DX number	TEL: (0114) 12684747ge