

## **Return of Allotment of Shares**

To

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

Company Number

Company name in full

4645728

ASSOCIATES LIMITED CLWYD

From

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

Dav Month Year Dav Month Year 019 210103

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 7,783 £1.00

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

100%

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)

NET ASSETS OF PREVIOUSLY UNINCORPORATED BUSINESS

When you have completed and signed the form send it to



A02
COMPANIES HOUSE

17/02/04

**COMPANIES HOUSE** 

24/12/03

COMPANIES HOUSE

27/11/03

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

the Registrar of Companies at:

For companies registered in Scotland

DX 235 **Edinburgh** 

DX 33050 Cardiff

Form revised January 2000

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

Shareholder details		Shares and share	Shares and share class allotted	
Name MS G KELLY		Class of shares allotted	Number allotted	
Address  ORTON HOUSE, OVE	RION CLOSE	ORDINARY	7,783	
COLEDETON	ostcode LEG78EY	1	L	
Name		Class of shares	Number	
		allotted	allotted	
Address				
			L	
UK P	ostcode	L		
Name		Class of shares allotted	Number allotted	
Address				
UK P	ostcode			
Name		Class of shares allotted	Number allotted	
Address		_		
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UK P	Postcode		L	
Name		Class of shares allotted	Number allotted	
Address		_		
UK P	Postcode		L	
Please enter the number of continu	uation sheets (if any) attached to thi	s form		
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Signed Adlifector / secretary Ladministrator / sec		Date 12/11/03  Ceiver Please of	lelete as appropriate	
Please give the name, address,				
relephone 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		