

Return of Allotment of Shares

To

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

Company Number

_					
Com	nan	v na	ame	in	ful

542	8801		

From

FIVE	WATERS (UK)	(M)	
			···-

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)

Day Month Year Day Month Year 01017

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			
99			
£1			
41			

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)

_	 	 	 		 	

15/04/05 **COMPANIES HOUSE**

јe

When you have completed and 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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

Form revised January 2000

Shareholder details	Shares and share	class allotted
Name	Class of shares	Number
MR RAWINDER SINGH EACIRA!	allotted	allotted
Address	_	
10 BARMOUTH AVENUE, WEST KNIGHTON	DRDINARY	49
L EICEST ER	<u> </u>	
UK Postcode(
Name	Class of shares	Number
MRS NINA KALIRAI	allotted	allotted
Address		
10 BARMOUTH AVENUE, WEST KNIGHTON	ORDINARY	120
(5)(69) EX		L
UK Postcode えをよ」 とくん		!
Name	Class of shares	Number
	allotted	allotted
Address		
	L	
UK Postcode	L	<u> </u>
Name	Class of shares	Number
L	allotted	allotted
Address		
		L
L	L	
UK Postcode	L	<u> </u>
Name	Class of shares	Number
	allotted	allotted
Address		
		L
		L
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this fo	orm	
Signed Date	14/04/0	5
A director / secretary / administrator / administrative receiver / receiver manager / receiver		delete as appropriate
		pp
Please give the name, address, telephone number and, if available,		
a DX number and Exchange of the	<u> </u>	
person Companies House should contact if there is any query.	Tel	

DX number

DX exchange