

for the record

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. **CHWP000** 

**Company Number** 

Company name in full

2133199			
OTTAKAR'S PLC	 	 	 

			۷		
Shares allotted (including bor	nus shares):		-		
	From	То			
Date or period during which shares were allotted	Day Month Year	Day Month Year			
(If shares were allotted on one date enter that date in the "from" box)	0 6 0 5 2 0 0 3				
Class of shares (ordinary or preference etc)	ORDINARY		-		
Number allotted	16950		•		
Nominal value of each share	£0.05p				
Amount (if any) paid or due on each	h 10,600 @ 153p				
share (including any share premium)	6,350@ 57-50				
List the names and addresses of the	e allottees and the number of shares allot	ted 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			٦		
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)	Cash				

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 For companies registered in Scotland

**DX 235** Edinburgh

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

. Shareholder details	Shares and share	class allotte
Name NEW TOWN NOMINEES LIMITED	Class of shares allotted	Number allotted
Address 10 GEORGE STREET,	ORDINARY	16.050
EDINBURGH	- CRDINART	16,950
UK Postcode E H 2 _ 2 P Z		L
Name	Class of shares	Number
Address	allotted	allotted
	_	
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode LLLLL		
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address	-	
		L
UK Postcode	<u> </u>	L
Please enter the number of continuation sheets (if any) attached to this	form	
gnedE.M. Katta. Da	nte 20-5-03.	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	eiver Please o	lelete as appropriate

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.

E.M.KMGHTW 72 ST JOHN'S MAND						
MOUNT	SVII	IPT				
			Tel	020	3478	0513
DX number		DX exch	ange			