

88(2) Return of Allotment of Shares

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

Company name in full

3122891			
ACCASEMIA	CLUB	470	

Shares allotted (including bon	us shares):					
3	From		Го			
Date or period during which shares were allotted	<u> </u>	ear Day Montl	Year			
(If shares were allotted on one date enter that date in the "from" box)	31107720	10 2				
Class of shares (ordinary or preference etc)	ORSINARY					
Number allotted	33					
Nominal value of each share	ŧi					
Amount (if any) paid or due on eac share (including any share premium)	t 21,250					
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)						

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



AD1 0442
COMPANIES HOUSE 30/11/02

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

DX 33050 Cardiff

DX 235 Edinburgh

4	Names and addresses of the allottees (List joint share allotments consecutively)
	<u>, </u>

Shareholder details		Shares and share class allotted	
Name MRS ROSA MARIA	LETTS	Class of shares allotted	Number allotted
Address 2 THE TOWERS	SOBERTON	URBINARY	24
SOUTHAMPTON UKPOSTOO	de 5232308		
Name ANTHONY ASITWOR	TH LETTS	Class of shares allotted	Number allotted
Address 2 THE TOWERS	SO BERTON	DRDINARY	9_
SOUTHAMPTON UK Postco	de 5032365		<u> </u>
Name		Class of shares allotted	Number allotted
Address			L
UK Postco	ode LLLLLL	_ L	1
Name	·	Class of shares allotted	Number allotted
Address			L
UK Posto	ode Ł L L L L L L		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Posto	ode LLLLLL		
Please enter the number of continuation	n sheets (if any) attached to th	<u> </u>	
Signed 4 Glassicor / secretary / administrator / administrator / administrator /		Date	delete as appropriat
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.		Tel	
	DX number	DX exchange	