

for the record

Please complete in typescript, or

in bold black capitals. CHWP000		Return of Anothern of Shares	
Company Number	03495941		
Company name in full	NEW BRIDGE ASSISTANCE LID		
Shares allotted (including bo	nus shares):		
	From	То	
Date or period during which shares were allotted	Day Month Yea	Day Month Year	
(If shares were allotted on one date enter that date in the "from" box)	0110112010	09	
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	9.900		
Nominal value of each share	±1.00		
Amount (if any) paid or due on each share (including any share premium)	t 1.00		
List the names and addresses of the	he allottees and the number of sha	ares 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			
	p	· · · · · · · · · · · · · · · · · · ·	
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 comple	ted and signed the form send it to	



COMPANIES HOUSE

the Registrar of Companies at: 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 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 allotted		
Name ANTHONY DAVID LANE	Class of shares allotted	Number allotted	
Address 43 QELAMERE ROAD, GATZEY, CHEADLE	ORDINARY	9,900	
UK Postcode SX8 4PN		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address L			
UK Postcode		· .	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode	·		
Name	Class of shares allotted	Number allotted	
Address	L	<u> </u>	
UK Postcode	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address			
LII/ Doctords			
Please enter the pumper of continuation sheets (if any) attached to this	form		
Please enter the number of continuation sheets (if any) attached to this form Signed Date Date			
A director / secretary / administrator / administrative receiver / receiver manager / receiver Please delete as appropriate			

You do not have to give any contact information in the box opposite but if you do, it will help Companies. House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

HORSHA SHAH	
READON HOUSE, GATE	EY ROAD, CHEADLE
CHESHIRE SK8 IPY	Tel 0161 491 5577
DX number DX a	exchange