

for the record

**Return of Allotment of Shares** 

To

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

**Company Number** 

3762366

Company name in full

uc group ltd	 	

## 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)

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	ay ——	Mo:	nth		Ye	ear		_	<i>D</i>	ay	MC	onth		Y	ear	
1	8	0	3	2	0	0	2		0	3	0	4	2	0	0	2

From

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)

"A" Ordinary	"A" Ordinary	
4260000	1650000	
£0.0001	£0.0001	
£0.0379	£0.0303	

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:

Consideration for which the shares were allotted

% that each share is to be

treated as paid up

(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)

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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

**DX 235** Edinburgh



Form Revised January 2000

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland

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

Shareholder d	etails	Shares and share	class allotted
Name See Attached list		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
	<u></u>		
UK Pos	stcode	L	L
Name		Class of shares allotted	Number allotted
Address			
Address			
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
	<u>.</u>		
UK Pos	stcode		
Please enter the number of continuar	tion sheets (if any) attached	t to this form	
	( <b>,</b> )		
gned		Date 4" Dein 200	2
A director / secretary / administrator / admi	inistrative receiver / receiver mana	<del>ager / receive</del> r Please o	lelete as appropriate
lease give the name, address, lephone number and, if available,			
DX number and Exchange of the			
erson Companies House should ontact if there is any query.		Tel	
	DX number	DX exchange	

N H R EVEN	PEKICAANSTRAAT 11	1171 DG	1171 DG BADHOEVEDORP	THE NETHERLANDS	2280000
JADOL	ROENTGENSTRAAT 4	1171 BJ	BADHOEVEDORP	THE NETHERLANDS	000099
A VAN DER REYDEN	MOORDOLAMMERWEG 66B	1187ZT	AMSTELVEEN	THE NETHERLANDS	000099
M K VREDEGOOR	AMSTELDIJK NOORD 152	1183 TK	AMSTELVEEN	THE NETHERLANDS	000099
				TOTAL	4260000
A.P DE VREE PRAKTIJK BV	KORSJESPOORTSTEEG 13	1015 AP	1015 AP AMSTERDAM	THE NETHERLANDS	1650000