

## 88(2) Return of Allotment of Shares

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

**Company Number** 

Company name in full

3831712	V - 11		
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SILVER	SHADOW	INVESTACKTS LT)	
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## 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)

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)

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11=00			

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)

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This form has been provided free or Grange by Companies House. 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

DX 33050 Cardiff

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

DX 235 Edinburgh

Shareholder de	Shares and share	Shares and share class allotted		
Name Asesh singh chauc	A	Class of shares allotted	Number allotted	
Address 22 Broad Walk Lond		Ordinan	24	
UK Pos	1code N21 3 ) 1		L	
Name Raman Deep Chaula		Class of shares allotted	Number allotted	
Address The prive Ilfo.	d Essex	Ordinan	292	
UK Post	toode 181 3PT			
Sathir Singh Chawle	<b>Q</b>	Class of shares allotted	Number allotted	
Address The Drive Ilfe	S Elsex	- Ording	_ 25	
UK Post	code LELL 3PJ		L	
Name Daveneet Singl Charle		Class of shares allotted	Number allotted	
Address 22 Broad Walk	hora	Ording	25	
UK Post	code N21 3DB		L	
Name		Class of shares allotted	Number allotted	
Address		_	L	
UK Post	code L L L L L L		L	
Please enter the number of continuati	on sheets (if any) attached to this	form		
Signed XRX Chance.	D	ate 20.10.00		
A director / secretary / administrator / admin	istrative receiver / receiver manager / rec	eiver Please o	lelete as appropriate	
Please give the name, address, elephone 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		