



Please complete in typescript,
or in bold black capitals.

CHFP001

88(2)

Return of Allotment of Shares

Company Number

4056163

Company name in full

CG ASSET MANAGEMENT LIMITED

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)

From		
Day	Month	Year
1 0	0 4	2 0 0 3

To		
Day	Month	Year

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)

ORD £1		
800		
£1		
£28		

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

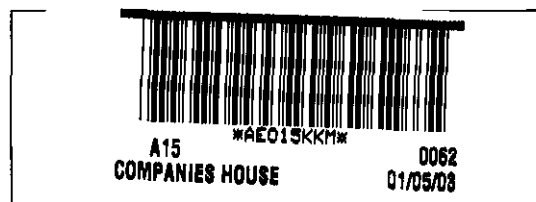
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Consideration for which
the shares were allotted
(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

When you have completed and signed the form send it to
the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff
For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235
For companies registered in Scotland Edinburgh



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

Shareholder details		Shares and share class allotted	
Name Mr Markham Cannon Brookes Address 16a Pembroke Gardens London UK Postcode LW18 2 L 16 1H 1S	Class of shares allotted ORD £1 	Number allotted 800 	
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted 	
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted 	
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted 	
Name Address UK Postcode L L L L L L L	Class of shares allotted 	Number allotted 	

Please enter the number of continuation sheet(s) (if any) attached to this form.

Signed

DR Brazier

Date 30/04/2003

A director / secretary / administrator / administrative receiver / receiver manager / receiver X

Please delete 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.

Total	
DX number	DX exchange