

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

Company Number

Company name in full

4093945

COMMERCIAL	MOTOR	SERVICES	LIMITED

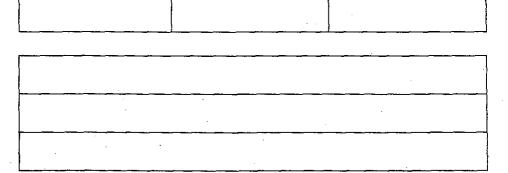
Shares allotted (including bonus shares): From To Date or period during which Day Month Month Year Dav Year shares were allotted (If shares were allotted on one date enter that date in the "from" box) Class of shares ORD (ordinary or preference etc) Number allotted Nominal value of each share Amount (if any) paid or due on each share (including any share premium)

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)





COMPANIES HOUSE Form revised January 2000

13/03/02

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

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 RUTH GALVIN		Class of shares allotted	Number allotted	
Address 7 BEVERLEY CLOS	SE, HORNCHWRCH,	ORD		
ESSEX NK	Postcode RM113PD		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address			/ 	
UK I	Postcode	L	<u> </u>	
lame		Class of shares allotted	Number allotted	
Address			· .	
UK	Postcode LLLLLL			
ame		Class of shares allotted	Number aliotted	
ddress			·	
UK F	ostcode L L L L L L			
ame		Class of shares allotted	Number allotted	
ddress				
UK F	ostcode	<u></u>	L	
Please enter the number of continu	uation sheets (if any) attached to this f	orm		
A director / secretary / administrator / ad	Date of the contractive receiver / receiver manager		elete as appropriate	
pase give the name, address, ephone number and, if available, DX number and Exchange of the reson Companies House should				
ntact if there is any query.		Tel		
	DX number	DX exchange		