

Please complete in typescript, or in bold black capitals.
CHFP001

88(2) Return of Allotment of Shares

Company	Number
Company	number

4167335

Company Number			
Company name in full	A & B COACH TRAVEL LIMITED		
Shares allotted (including bonus s	•		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 2,8 0,2 2,0,1		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	99		
Nominal value of each share	£1-100		
Amount (if any) paid or due on each share (including any share premium)	£99-00		
	allottees and the number of shares allotted to each overleaf 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)			



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 co	onsecutively)		
Shareholder details	Shares and share class allotted		
Name WHEADON KEVIN BARRY Address 14 FAIRFIELD CLOSE	Class of shares allotted	Number allotted	
Address 14 FAIRFIELD CLOSE	ORDINARY .	99	
VICTORIA PARK CARDIFF	L L		
UK Postcode E F 5 L LAD	L L_		
Name L	Class of shares allotted	Number allotted	
Address			
UK Postcode L L L L L	L L		
Name	Class of shares allotted	Number allotted	
Address	1		
	L		
UK Postcode LLLLLL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode LLLLL	L		
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode L L L L L	L L		
Please enter the number of continuation sheets (if any) attached to this fo	orm None	-	
	Date	Into an annual de	
(Adjusted / secretary / Administration / administrative receiver Lugaeiver manager /		lete as appropriat	
Please give the name, address, telephone number and, if available,	TUNNEL YARD QU ALE OF FLATTORGA		
person Companies House should CFS 6AA	Tel 029	2059 76	
contact if there is any query. DX number	DX exchange		