

88(2)

Return of Allotment of shares

Please complete in typescript, or in bold black capitals.

CHFP055

Company Number

Company Name in full

4186365				
READING VISIONPLUS LIMITED	·	4		
				

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)

Day	r Month	rom Year	Day Month	Year
0 1	0 7	2 0 0 1		1 1

ORDINARY			
	£0.50	 	
	£0.50		

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



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COMPANIES HOUSE

28/11/01 15/11/01

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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

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 de	Shares and share	Shares and share class allotted		
Name SPECSAVERS OPTICAL GROUP LIMITED & REAL	DING SPECSAVERS LIMITED	Class of shares allotted ORDINARY	Number allotted	
Address La Villiaze, St Andrews, GY6 8YP, Guernsey			1.	
L			L	
UK Postcode		<u> </u>		
Name		Class of shares allotted	Number allotted	
Address				
UK Postcode				
Name L		Class of shares allotted	Number allotted	
Address				
L				
UK Postcode		<u> </u>		
Name		Class of shares allotted	Number allotted	
Address		_		
UK Postcode				
Name		Class of shares allotted	Number allotted	
Address			L	
UK Postcode				
Please enter the number of continuation		is form 0		
Signed FOR SPECSAVERS OP A director / secretary, administrator, administra	TICAL GROUP LIMITED ative receiver / receiver manager / receiver	Date (3)(1)	nse delete as appropriate	
Please give the name and address,	Specsavers Optical Group Limited	I, La Villiaze, St Andrews,		
telephone number and, if available, a DX number and Exchange of the	Guernsey, GY6 8YP			
person Companies House should contact if there is any query.		Tel		
	DX number	DX exchange		