

## **Return of Allotment of Shares**

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

**Company Number** 

Company name in full

4286063	
10000000	

VIVAWAY	LIMITED	 	
		 	7

Shares allotted	(including	bonus	shares	):
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Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

To From Month Month Year Day Year Day 2000

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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POINARY	
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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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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** 26/11/01

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

DX 235 Edinburgh

Form revised January 2000

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

Shareholder details	Shares and share	class allot
Name HAYWOOD SECURITIES INC	Class of shares allotted	Number allotted
Address  SCOMMERCIAL CENTRE SQUARE	ORDINARY	499
ALOFI NIUE		
UK Postcode		L.
Name BRADFORD HOLDINGS INC	Class of shares allotted	Number allotted
Address 5 COMMERCIAL CENTRE SQUARE	ORDINARY	500
ALOFI NIVE		1
UK Postcode LLLLL	L	
Name	Class of shares allotted	Number allotted
Address		
	_	
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
	_   •	
UK Postcode		L
Name	Class of shares	Number
Address	allotted 	allotted
L	_	L
	_	
UK Postcode L L L L L L	<u> </u>	
Please enter the number of continuation sheets (if any) attached to this	s form	
ignedD	ate [9/11/0]	
A director / secretary / administrator / administrative receiver / receiver manager / rec		delete as approp

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.

SERFA	TY & C	3 14th	oR \	YORK	HOUSE
EMPIR	Ł WAY	WEMBLEY	Mid	DLLSEX	
HAG	490		Tel	0208	903 8989
DX numbe	r	DX exc	hange		7