88(2)

Please complete in typescript, or in bold black capitals.

Return of Allotment of Shares

CHFP016				
Company Number	4398110			
Company name in full	Belgrave Financial Limited			
Shares allotted (including bond	us shares): From	То		
Date or period during which shares were allotted	Day Month Year	Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	2 7 0 2 2 0 0 4			
Class of shares (ordinary or preference etc.)	Ordinary			
Number allotted	18			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	ı _{£1}			
List the names and addresses of the	allottees and the number of shares allotted to	o each overleaf		
If the allotted shares are fully o	or partly paid up otherwise than in cas	ih please state:		
% that each share is to be treated as paid up				
Consideration for which the shares were allotted				

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 Scotlland Edinburgh



the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

contract is not in writing)

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

Shareholder details		Shares and share class allotted	
Name Mrs Deborah Sands		Class of shares allotted	Number allotted
Address		_	
45 Marton Road, Gargrave, Sk	ipton	Ordinary	18
UK Postcod	e BD233NN	_ L	L
Name		Class of shares allotted	Number allotted
Address		_	
		- -	
UK Postcod	e 	L	
Name		Class of shares allotted	Number allotted
Address		-	
UK Postcod	e , , , , , , , , , , , , , , , , , , ,		L
Name		Class of shares allotted	Number allotted
Address			
<u> </u>			
UK Postcod	le 		
Please enter the number of continuous Signed	uation sheets (if any) attached to this	ate 27 - 2 - 0 4	
A director / secretary / administrate	or / administrative receiver / receiver ma	ınager / receiver Please de	lete 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.		Tel	
	DX number	DX exchange	