

**Return of Allotment of Shares**

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

CHFP010

**Company Number**

4861883

**Company Name in full**

CASTERTON GOLF COURSE LTD

**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)

From

Day Month Year

1 6 08 2003

To

Day Month Year

Class of shares  
(ordinary or preference etc)

ORDINARY

Number allotted

99

Nominal value of each share

£1.

Amount (if any) paid or due on each  
share (including any share premium)

£1.

*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)*

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

**DX 235 Edinburgh**



EDX  
COMPANIES HOUSE

\*ET76106L\*

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11/18/04

# **Addresses of the allottees** (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name JOHN WILFRED MAKINSON		Class of shares allotted ORDINARY	Number allotted 49
Address PEARSET PARK CASTERTON CARNFORTH			
UK postcode LA6 2SD			
Name ELIZABETH MARGARET MAKINSON		Class of shares allotted ORDINARY	Number allotted 50
Address PEARSET PARK CASTERTON CARNFORTH			
UK postcode LA6 2SD			
Name		Class of shares allotted	Number allotted
Address			
UK postcode			
Name		Class of shares allotted	Number allotted
Address			
UK postcode			

Please enter the number of continuation sheets (if any) attached to this form

Signed

*E. M. Mahinson*

Date

66-08-2004

A director / secretary / administrator / administrative receiver / receiver manager / receiver

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