

Please complete form in typescript, or in bold black capitals CHFP135

88	(2)
Return of Allotment	of Shares

CHFP135				
Company Number	4871116			
Company Name in full	Diamond Clinical Limited			
Shares allotted (including bonus s	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)	1 2 0 9 2 0 0 3			
Class of shares (ordinary or preference etc)	B Ord			
Number allotted	50			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	£1.00			
List the names and addresses of the allo	ttees and the number of shares allotted t	to each overleaf		
if the allotted shares are fully or pa	artly paid up otherwise than in cas	sh 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				



When you have completed and signed the form please 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 consecutively)

Shareholder details		Shares and shar	Shares and share class allotted	
Name		Class of shares	Number	
Mr D J Talbot		allotted	allotted	
Address				
Witches Moon, Stocking Lane, Hughenden VA	lley,	B Ord	50	
HIGH WYCOMBE, Buckinghamshire	····			
UK Postcode H P	1 4 A N	E		
Name 		Class of shares allotted	Number allotted	
Address				
UK Postcode	_			
Name		Class of shares allotted	Number allotted	
Address				
UK Postcode				
Name		Class of shares allotted	Number allotted	
Address			1	
UK Postcode				
Name		Class of shares	Number	
		allotted	allotted	
Address				
UK Postcode				
Please enter the number of conti	nuation sheets (if any) atta	ached to this form)	
Signed Ni e L		Date 14-0	09-03	
A director / seeretary / administrator / add	ministrative-reseiver/-reseiver-ma	nager / receiver - F	Please delete as appropriat	
Please give the name, address, elephone number and, if available a	CA	3 Manor Courtyard Hughenden Avenue High Wycombe Bucks HP13 5RE		
DX number and Exchange of the person Companies House should contact if there is any query.	CANNO MOORCRO			
	DX number accounta			