

**Return of Allotment of Shares** 

Please complete in typescript, or in bold black capitals CHWP000

**Company Number** 

05134675

Company name in full

SELBY JENNINGS LIMITED

					_			
Shares allotted (including bonus shares):								
	From		То					
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year		Day Month Year					
Class of shares (ordinary or preference etc)	Ordinary							
Number allotted	49,000							
Nominal value of each share	<del>f</del> 1							
Amount (if any) paid or due on each share (including any share premium)	ŧ١							
List the names and addresses of the allow	ttees and the number of	shares allotte	ed to each ov	erleaf				
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 comp		signed the	form send it to				

A58

03/05/2008 **COMPANIES HOUSE**  10

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

## Name's and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted		
Name  MR A J BUCK	Class of shares allotted	Number allotted	
Address 30 GOWAN AVENUE FULMAN	Ordinary	<u>49,000</u>	
UK Postcode کے کی رہے کے وہ رہے ا		L	
Name	Class of shares allotted	Number allotted	
Address		L	
·		<u> </u>	
UK Postcode	Class of shares	Alumbas	
Name	Class of shares allotted	Number allotted	
Address		L	
L		<u> </u>	
UK Postcode	Class of shares	Munches	
Name	Class of shares allotted	Number allotted	
Address		1	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
L		L	
UK Postcode	L	L	
Please enter the number of continuation sheets (if any) attached to this	form		
Signed Da	lte <u>24.4.08</u>		
A director / secretary / administrator / administrative receiver / receiver manager / receiver	Please	delete 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

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ABACUS ACCOUNTANCY SERVICES								
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DX number		DX excha	nge					