

Return of Allotment of Shares

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

Company Number

5105412

Company name in full

kofban 1	NVESIMENT	Poliforios	LT3	

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)

FIOIII		10			
Day	Month	Year	Day	Month	Year
30	0,9	2001	של	00	2004

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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£98	ķi	

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

contract is not in writing)

(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

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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

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 **Edinburgh**



Form revised January 2000

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details	Shares and share class aflotted		
Mame MM Samon Gho Murche	Class of shares allotted	Number allotted	
Address LT QUINCEY LANT, LIVERSERGE, WEST YOURSHIPE	orodny	98	
UK Postcode WELT LENE			
Name MISS JULIESNEL	Class of shares allotted	Number allotted	
Address 27 QUANCEC LANE UNESTOGE, WEST YOCKSHIRE	CORDIVARY B	1	
UK Postcode WELE LE			
Name	Class of shares allotted	Number allotted	
Address			
		[
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address		1	
		<u> </u>	
UK Postcode L L L L L L	<u></u>		
Name	Class of shares allotted	Number allotted	
Address			
	L	<u> </u>	
UK Postcode	L	L	
Please enter the number of continuation sheets (if any) attached to this f	form		
Signed Signed Date Date Date Date Date Date Date Date	be 30/09/34		
A director / secretary / administrator / administrative receiver / receiver manager / recei		lete as appropriate	
Please give the name, address, telephone number and, if available, From: D'ARCY-HOWARD & Control of Chartered Certified Accounts.	O.		

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.

DX number	DX ex	change	
	Pudsey, Leeds, LS28 6QB	Tel 0113 Lafdett	
	207 Bradford Road Stanningley		
From:	D'ARCY-HOWARD & CO. Chartered Certified Accountant		