

## **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals.

CHFP000 Company Number	5642157					
Company name in full	CHETTERFORD EQUITED 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 To  Day Month Year Day Month Year  O     1 2 2 9 5					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted						
Nominal value of each share	£1					
Amount (if any) paid or due on each share (including any share premium)	31					
List the names and addresses of the	allottees and the number of shares allotted to each overleaf					
If the allotted shares are fully o	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

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

Names and a	addresses o	f the allottees	(List joint share allotments consecutively)
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Shareholder o	Shares and share	Shares and share class allotted	
Name Lucy REST		Class of shares allotted	Number allotted
Address			<b>.</b>
THE ORCHARD, POTTERS RAWK, DU	RHAM,	ORDINARY	
UK Po	stcode DHJL2RA	2	
Name		Class of shares allotted	Number allotted
Address :			
			L
UK Po	stcode		L
Name		Class of shares allotted	Number allotted
Address			
UK Po	stcode בבבבבו	_	L
Name		Class of shares allotted	Number allotted
Address			
L			<u> </u>
UK Pos	stcode	_	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode LLLLLL		L
Please enter the number of continual	ion sheets (if any) attached to	this form	
	_	10 to 25	
gned A director (Secretary / administrator / admin	nistrative receiver / receiver manager	Date 16.12-95 / receiver Please d	elete as appropriate
ease give the name, address,			
lephone number and, if available, DX number and Exchange of the			
erson Companies House should ontact if there is any query.		Tel	· · · · · · · · · · · · · · · · · · ·
	DX number	DX exchange	