

Please complete in typescript, or in bold black capitals.

CHW P000

Company Number

Company name in full

08	Return of Allotment of Shares	
ASSOCIA TES	LIMITED	

Shares	allotted	(including	bonus	shares)):

(see Guidance Booklet GBA6)

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

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)

From		То			
Month	Year	Day	Month	Year	
0.3 2	6				

ORDINARY			
49			
£ı			
(I			

List the names and addresses of the allottees and the number and class of shares allotted to each overleaf

If the allotted shares (including bonus shares) are fully or partly paid up otherwise than in cash please state:

5734 108

ANDREE

% that each share is to be treated as paid up

% (if any) that each share is to be paid up in cash

Consideration for which the shares were allotted (This information must be supported by the original or a certified copy of the contract or his Earn paid if the --- tract

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27/03/2009 **COMPANIES HOUSE**

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

09/2005

Names and addresses of the allottees

Shareholder details (list joint allottees as one shareholder)	Shares and share class allotted		
Name(s) The Greek Lorenz - Andreé	Class of shares allotted	Number allotted	
Address			
THE GABLES WEST BEACON LOAD CROWBEROUGH	ORDIN ARRY	<u> 49</u>	
EAST SUSSEX THE TES	_ 1	L	
UK Postcode I V 6 L B B			
Name(s)	Class of shares allotted	Number allotted	
Address			
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UK Postcode LLLLL			
Name(s)	Class of shares allotted	Number allotted	
Address			
UK Postcode		L	
Name(s)	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode			
Name(s)	Class of shares allotted	Number allotted	
Address	_		
		L	
UK Postcode			
Please enter the number of continuation sheets (if any) attached to thi	s form		
() () () () () ()	Date29/3 /e8		
igned	Please delete as appropriate		

Contact Details

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

TRAFALGAR	HOUSE, FULLBRIDGE
MAUSON	
ESSEM.	Tel 01621 841600
DX number	DX exchange