

Please complete in typescript, or in bold black capitals.

## **Return of Allotment of Shares**

CHFP001

Company Number	6023	3860			
Company name in full	Ashurst Group Limited				
	Ĺ				
Shares allotted (including bonus s	hares):	F		Ta	
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)		From Day Month	Year Day	To  Month Year	
Class of shares (ordinary or preference etc)		orainary			
Number allotted		\			
Nominal value of each share		\$1			
Amount (if any) paid or due on each share (including any share premium)		\$1			
List the names and addresses of the a	illottees a	nd the number of sha	res allotted to each o	overleaf	
If the allotted shares are fully or	r partly p	oaid up otherwise	than in cash plea	ise 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 com he Registrar of Com	·	the form send it to	

Companies House, Crown Way, Cardiff CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in England and Wales

For companies registered in Scotland

CHAD 22/02/2000

LD8
COMPANIES HOUSE

21/12/2006

DX 33050

DX 235

Edinburgh

Shareholder details	Shares and share class allotted		
Name Sinon Bromwich	Class of shares allotted	Number allotted	
Name Sinon Bronwich Address Broadwalk House	admary		
5 Apple steel, bolon		٠	
UK Postcode ELLIA IZHA.	L	L	
Name	Class of shares allotted	Number allotted	
Address	anotteu	allotted	
·		l	
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address		1	
		L	
UK Postcode LLLLL	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address	}	1	
		L	
UK Postcode L L L L L L	L	L	
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode L L L L L		L	
Please enter the number of continuation sheets (if any) attached to this form	20 12 00	•	
A director / secretary / administrator / administrative receiver / receiver manager / re		delete as appro	
ease give the name, address, ephone number and, if available,			
DX number and Exchange of the	Tel		
rson Companies House should	161		