

Return of Allotment of Shares

То

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

Company Number

Company name in full

6251205

From

ECLIPSE LTD ひてくりんしょう

Shares allotted	(including	bonus	shares)):
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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 015 21010 015 200

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)

ORDINARY	
100	
£	

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 (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 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

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share c	Shares and share class allotted		
Mr Harbhajan Sim	oun Icehlar	Class of shares ailotted	Number allotted		
Address 38 Glenwood Dri	ve	ORDINARY	100		
Ronford Essex			L		
	tcode RM2545_				
Name		Class of shares allotted	Number allotted		
Address					
L					
UK Pos	tcode _ L _ L _ L _ L		<u> </u>		
Name		Class of shares allotted	Number allotted		
Address		·			
UK Pos	tcode				
Name		Class of shares allotted	Number allotted		
Address					
			<u></u>		
UK Pos	tcode L L L L L L L				
Name		Class of shares anotted	Number allotted		
Address		_			
L					
UK Pos	tcode				
Please enter the number of continuat	ion sheets (if any) attached to	this form			
Signed		Date 4 . 2 . 0	8		
A director/ Secretary / administrator / admin			lete 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		Tel			
	DX number	DX exchange			