

88(2)
Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals.
CHWP000

Company Number

Company name in full

06898 449

From

GIULIO	FASHION	Limi	TED	<u>-</u>	
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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

 0 | 7 | 0 | 5 | 2 | 0 | 0 | 9
 0 | 7 | 0 | 5 | 2 | 0 | 0 | 9

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	
99	
€′	
£,	

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)

100		



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

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

DX 235 Edinburgh

DX 33050 Cardiff

Names and ac	ddresses of the	allottees (List	joint share allotments consecutively)
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Shareholder details	Shares and share	class allotte
Name GIUSEPPE CINQUE	Class of shares allotted	Number allotted
Address CLOSE	ORDINARY	, 20
CAMBRIDGE		
UK Postcode C_B_4		L
Name GIULIO ANGELO CINQUE	Class of shares allotted	Number allotted
Address		
CROSSWAYS HOUSE	ORDINARY	_ 79
BARTLOW CAMBRIDGE	_	<u> </u>
UK Postcode ై టై ఓ ఓ టై టై టై టె	L	L
Name	Class of shares allotted	Number allotted
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Address		
<u> </u>	_	
<u> </u>	_	<u> </u>
UK Postcode		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
	_	L
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UK Postcode		L
Name	Class of shares allotted	Number allotted
Address	-	
		L
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this	form	
GAE	~~~	<1-9
Signed D	ate	010]
A director /-coerctory-Ladministrator / administrative receiver / receiver manager /-receiver	e <del>ive</del> r Please o	delete as appropria
Please give the name, address,		
elephone number and, if available,		
a DX number and Exchange of the person Companies House should		
contact if there is any query.	Tel	

DX number

Tel

DX exchange