

Please complete in typescript,

## **Return of Allotment of Shares**

or in bold black capitals CHFP001

**Company Number** 

Company name in full	FALCONER AUTO REPAIRS LIMITED				
Shares allotted (including bonus s	hares) From To				
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				
Class of shares (ordinary or preference etc)	ORDWARY				
Number allotted	7				
Nominal value of each share	£1				
Amount (if any) paid or due on each share (including any share premium)	41				
List the names and addresses of the a	llottees 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				

SC348261





SCT **COMPANIES HOUSE** 

26/09/2008 606 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 DX 235 For companies registered in Scotland Edinburgh

Shareholder details  Name  LAWRENCE FACCINER		Shares and share class allotted	
		Class of shares allotted	Number allotted
Address 60 BELHAVEN RD		LORDINARY	<b>.</b>
HAMILTON			
UK Postcode MLC3	_ 56.6x		
Name LJOANNE FALCONER		Class of shares allotted	Number allotted
Address 66 BELHAVEN ROAD		L OLD INANY	1
HAMILTON			
UK Postcode MU3L	_ GiPix		
Name		Class of shares allotted	Number allotted
Address		1	ı
		L	
UK Postcode LLLL	_	L	
Name		Class of shares allotted	Number allotted
Address			
			1
UK Postcode L L L	_		
Name		Class of shares allotted	Number allotted
Address			
			1
UK Postcode L L L L	_ L L L		
Please enter the number of continuation sheets (if any) a	attached to this form		
gned M	Date	22/9/08	
A director/ ecretary / administrator / administrative receiver / re			delete as appropr
ease give the name, address,			
ephone number and, if available,  OX number and Exchange of the			
rson Companies House should ntact if there is any query  DX r		Tel DX exchange	