

## Return of Allotment of Shares

CHFP000

Company	Number
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Company name in full

2544608	i	

ZIMGOLF (UK) LIMITED

## Shares allotted (including bonus shares):

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

	Fro	em		10	0	
Day	Month	Year	Day	Month	Year	
3 1	0 3	2 0 0 3				

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 B'SHA	G	
100		
<b></b> £1		
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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

contract is not in writing)

(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

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COMPANIES HOUSE

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 cl	ass allotted
Name MRS BRENDA PRISCILLA FERRIMAN Address	Class of shares allotted	Number allotted
3 BARLEYCORN WALK, CADNAM	ORDINARY & SHARE	160
HAMPSHIRE		<u> </u>
UK Postcode らしょっことソ		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
	L	L
	<u> </u>	<u> </u>
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode しこしこしに	L	L
Name	Class of shares allotted	Number allotted
Address		
L		L
· · ·	:	<u> </u>
UK Postcode	<b>L</b>	<u>.                                    </u>
Please enter the number of continuation sheet(s) (if any) attached to this		
Signed Helyway Date	16.10.03	
A director / secretary / administrator / administrative receiver / receiver manager / receiver		te 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.

WESTW	ATERS			
28/29	WEST	SUNNIS IDE	*	
SUND EN	LLAND	SR1 18×	Tel o(9)	5673694
DX numbe	r	DX exch	ange	