

88(2)
Return of Allotment of Shares

Please complete in typescript, or in bold black capitals CHWP000

Company Number

3279510

Company name in full

ARGSENT	OF	LONDON	LIMITED	

Shares allotted (including bonus s	hares):				
	From		То		
Date or period during which shares were allotted	Day Month Y	ear Day	Month	Year	
(If shares were allotted on one date enter that date in the from" box)	190320	01			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	1,250			<u> </u>	
Nominal value of each share	21				
Amount (if any) paid or due on each share (including any share premium)	£20				
List the names and addresses of the allow	ttees and the number of s	hares allotted to ea	ach overleaf		
If the allotted shares are fully or pa	artly paid up otherwis	e than in cash p	lease 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 comp	leted and signed	the form	send it to	



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 DX 235
For companies registered in Scotland Edinburgh

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

Shareholder de	Shares and share class allotted			
Name Louise BAINE	Class of shares allotted	Number allotted		
Address POUND HOUSE	DRDINARY			
LITTLE SUMME	RFORD			
CHIPPENHAM UK Post	code & NU5.5JW			
Name		Class of shares allotted	Number allotted	
Address				
L			<u> </u>	
UK Post	code			
Name		Class of shares allotted	Number allotted	
Address				
L				
UK Posi	code			
Name		Class of shares allotted	Number allotted	
Address				
UK Posi	code			
Name .		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode			
Please enter the number of continuati	on sheets (if any) attached to this	form		
A director / secretary / administrator / admin		eiver Please o	lelete as appropriate	
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	DX exchange		