

## **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals.

CHFP000

**Company Number** 

Company name in full

2880629			
CALLEUA	LIMITED		

Shares allotted (including bonus shares):					
	From	То			
Date or period during which shares were allotted	Day Month Yea	nr Day Month Year			
(If shares were allotted on one date enter that date in the "from" box)	011017200	0/3			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	2				
Nominal value of each share	£ 1				
Amount (if any) paid or due on each share (including any share premium)	£				
List the names and addresses of the allo	ottees and the number of sh	ares allotted to each overleaf			
If the allotted shares are fully or p	eartly 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 comple	eted and signed the form send it to			



the Registrar of Companies at: DX 33050 Cardiff

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

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

Shareholder details	Shares and share cl	ass allotte
Name C. A. GRIFFITHS	Class of shares allotted	Number allotted
Address G FARADAY COVET	DEDIDARY	æ
RANKINE ROAD, DANESHILL, HANTS		
UK Postcode RG248PF		
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode	L	L
Name	Class of shares allotted	Number allotted
Address		
<u> </u>	L	
UK Postcode	L	<b>L</b>
Name	Class of shares allotted	Number allotted
Address		
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· · · · · · · · · · · · · · · · · · ·	L	L
UK Postcode LLLLL	L	
Please enter the number of continuation sheets (if any) attached to this f	form	
Signed Dat		· · · · · · · · · · · · · · · · · · ·
A director / secretary / administrator / administrative receiver / receiver manager / recei	ver Please dele	ete 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.

THE MGROUP PARTNERSHIP		
267/291 BANBURY ROAD		
OxforD, 0x2719Tel 01865 552925		
DX number	DX exchange	