

88(2)

Return of Allotment of Shares

CHWP000	
Company Number	ľ

1871978

Company Name in full

The MTL Instruments Group plc

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")

Day	From Month	Year	To Day Month Year
4	05	2001	

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	
314	
10p	
146.4p	- · · · · · ·
	314 10p

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 duty stamped contract or by the duly stamped particulars on Form 88 (3) if the contract is not in writing)

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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

DX33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX235 Edinburgh For companies registered in Scotland



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

Shareholder details			Shares and share class allotted		
Name	Ms Helen Patricia Curran			Class of shares allotted	Number allotted
Address	150 Telscombe Way			0000011001	277
	Stopsley			ORDINARY	275
	Luton				
	UK Post	code LU2	8QR	· <u> </u>	
Name	Mr Michael John Howson			Class of shares allotted	Number Allotted
Address	20 Shakespeare Drive				
	Upper Caldecote	 -		ORDINARY	314
	Bedfordshire	·			
	UK Post	code SG18	8 9DD		
Name				Class of shares allotted	Number allotted
Address					
	UK Posto	code			
Name				Class of shares allotted	Number allotted
Address					
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Name				Class of shares allotted	Number allotted
Address					
Please enter t	he number of continuation sheets (i	f any) attache	d to this	form	
Signed	NINII			Date $14/5/0$	
A	d irector/secretary/ administrator/administra	tive receiver/rec	 eiver man	ager/receiver	Please delete as appropriate
Please give the name, address, telephone number and, if available, a DX number and Exchange of the					
person Comp	anies House should				
contact if the	re is any query.		-	m 1	
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