

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

Company name in full

NPP 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)

From			10		
Day	Month	Year	Day	Month	Year
2 7	1 1 2	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	ondo	ondo	
300	300	300	
10P	10 P	100	
2.69	3.40	2.60)	

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 duly 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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 33050 Cardiff

For companies registered in Scotland

DX 235 Edinburgh



Form Revised January 2000

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

Shareholder de	Shares and share class allotted				
Name Taro Shimada		Class of shares allotted	Number allotted		
Address J Walter Thou			_		
40-20-3 Eb		0.00	_ 300_		
Shibuyalea, † 150-6030 UK Posto	roleyo, Japan		L		
Name Taro Shune		Class of shares allotted	Number allotted		
Address - as also e	<u>e</u> .	iordo	300		
UK Post	code LLLLLL	<u></u>	L		
Name Shipeo Sign	una	Class of shares allotted	Number allotted		
Address . As Aba	se.		300		
UK Post	code		L		
Name		Class of shares allotted	Number allotted		
Address			L		
UK Post	code L L L L L L L		L		
Name		Class of shares allotted	Number allotted		
Address			1		
UK Post	code		L		
Please enter the number of continuation		form			
Signed	Dat	te15 (1/04		
A director / secretary / administrator / admin	istrative receiver / receiver manager / recei	iver Please of	lelete 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.					
somact in there is any query.	DX number	Tel DX exchange			