

Return of Allotment of Shares

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

Company Number

Company name in full

ASTRAZENECA 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)

	Fror	n		T	Ö
Day	Month	Year	Day	Month	Year
0 6	0 2	2 0 0 2	1_		

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)

		<u> </u>
ORDINARY	ORDINARY	
12244	3506	
US\$0.25	US\$0.25	
£33.72	£23.98	_

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** 

07/02/02

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 o	Shares and share class allotted			
Name Apollo Nominees Limited (Desig.	DEP)	Class of shares allotted	Number allotted	
Address 1 Finsbury Avenue		ORDINARY	15,750	
London			. <u></u>	
UK Po	stcode EC2M2PA			
Name		Class of shares allotted	Number allotted	
Address				
<u> </u>			L	
UK Pos	stcode LLLLLL		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address				
			L	
UK Pos	stcode	1	<u> </u>	
Name		Class of shares allotted	Number allotted	
Address		_		
		1	L	
UK Pos	stcode		L	
Name		Class of shares allotted	Number allotted	
Address		_		
UK Pos	stcode L L L L L L		L	
Please enter the number of continuat	ion sheets (if any) attached to thi	s form		
igned ANKOP (AV	THORISED SIGNATORY)	Date 6/2/02		
A director / secretary / administrator / admin	nistrative receiver / receiver manager / re-	ceiver / Please c	felete as appropriate	
ease give the name, address, lephone number and, if available,				
DX number and Exchange of the erson Companies House should				
ontact if there is any query.		Tel		
	DX number	DX exchange		