

for the record

Return of Allotment of Shares

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

0.1111	
Company	Number

1777777

Company name in full

BRITISH AIRWAYS 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		То				
Day	Month	Year		Day	Month	Year
1   2	0   5	2   0   0   4			<u> </u>	1 1 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)

Ordinary	
420	
0.25	
2.38	

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)

100%			
			·



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 For companies registered in Scotland

**DX 235** Edinburgh

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

Shareholder de	tails	Shares and share	class allotted
Name Miss Natasha Flannery		Class of shares allotted	Number allotted
Address 46 Hartland Way Shirley		Ordinary	420
Croydon Surrey		_ t	
UK Post	code CRO 8RF		L
Name		Class of shares allotted	Number allotted
Address		_	
L			
UK Post	code	<b>L</b>	
Name		Class of shares allotted	Number allotted
Address		_	
<u> </u>		_	
UK Post	code L L L L L	L	
Name ,		Class of shares allotted	Number allotted
Address		_	
		L	
UK Pos	tcode டடடடடடட		
Name		Class of shares allotted	Number allotted
Address			
I.			
UK Pos	tcode		
Please enter the number of continuat	ion sheets (if any) attached to thi	s form	
Signed		Date 16/6/04	
A director / secretary / administrator / admin	nistrative-receiver / receiver manager / re	ceiver Please	delete as appropriate
Please give the name, address, relephone number and, if available,			
DX number and Exchange of the			
person Companies House should contact if there is any query.		Tel	· <del>L</del> · · · ·
	DX number	DX exchange	