

## **Return of Allotment of Shares**

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

04002207

Company Number	04992207		
Company name in full	GROUP 4 SECURICOR PLC		
Shares allotted (including bo	nus shares):		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To  Day Month Year Day Month Year  0   5   1   2   2   0   0   6		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	1284		
Nominal value of each share	£0.25		
Amount (if any) paid or due on each share (including any share premium)	ch 64p		
List the names and addresses of th	ne 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)			

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

A37
COMPANIES HOUSE 14/12/2006

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 class allotted	
Name MRS ELIZABETH ANN PURSLOW		Class of shares allotted	Number allotted
Address 17 HIGH CROSS AVENUE, CROSS HO	JSES.	ORDINARY	1,284
SHREWSBURY, SHROPSHIRE		_	<u> </u>
	code SY5_6LJ		
Name		Class of shares allotted	Number allotted
Address		_	
UK Posi	code		<u> </u>
Name		Class of shares allotted	Number allotted
Address			<b></b>
UK Posi	code		L
Name		Class of shares	Number
L	·	allotted	allotted
Address			
		_   1	
UK Post	code		<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
UK Postcode		L	<b>L</b>
Please enter the number of continuati	on sheets (if any) attached to this	s form	
A Al			
igned A director / secretary / administrator / admin		ate // 12 · 0 6	delete as appropriate
lease give the name, address,			
elephone number and, if available, DX number and Exchange of the			
erson Companies House should ontact if there is any query.		Tal	
mast it divid to diff quoity.	DX number	Tel  DX exchange	