

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHWP000

Company Number

04992207

Company name in full

GROUP 4 SECURICOR 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)

	FIC	/III			Ų
Day	Month	Year	Day	Month	Year
1 3	1 1	2 0 0 6			

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	
8671	
£0.25	
64p	

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)

When you have completed and signed the form send it to the Registrar of Companies at:



COMPANIES HOUSE 16/11/2006 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	details	Shares and share	class allotted
Name MR CLIFFORD RAVEN		Class of shares allotted	Number allotted
Address 47 HAZELBURY ROAD,		ORDINARY	8,671
EDMONTON, LONDON			
UK Po	ostcode N 1 8 1 P Z		
Name		Class of shares allotted	Number allotted
Address			
LIK Po	ostcode		
Name		Class of shares allotted	Number allotted
Address		-	
		_	
UK P	ostcode	L	
Name		Class of shares allotted	Number allotted
Address		_	
UK P	ostcode	_	
Name		Class of shares allotted	Number allotted
Address		_	
L			
UK P	ostcode	L	
Please enter the number of continu	ration sheets (if any) attached to this	s form	
Signed A director / secretary /-administrator /-ad	ministrative receiver / receiver manager / rec	ate	delete as appropriate
	_		•
Please give the name, address, relephone number and, if available, a DX number and Exchange of the			
person Companies House should contact if there is any query.		Tel	
	DX number	DX exchange	