

for the record

Return of Allotment of Shares

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

Company Number

04992207

Company name in full

GROUP 4 S	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)

	From			10	
Day	Month	Year	Day	Month	Year
0 3	0 8 2	0 0 6		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			·	
2055				
£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 b	е
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

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	Shares and share class allotted		
Name MR IAN GLOVER		Class of shares allotted	Number allotted		
Address 3 CHESTNUT DRIVE,		ORDINARY	2,055		
BIDEFORD, NORTH DEVON			L		
	UK Postcode E X 3 9 3 H L	Н	L		
Name		Class of shares allotted	Number allotted		
Address					
	UK Postcode	_	L		
Name		Class of shares allotted	Number allotted		
Address					
	UK Postcode LLLLLL	_			
Name		Class of shares allotted	Number allotted		
Address					
	UK Postcode	_			
Name		Class of shares allotted	Number allotted		
Address					
	UK Postcode	_			
Please enter the number of	continuation sheets (if any) attached to	o this form			
Signed	, , , , , , , , , , , , , , , , , , , ,	Date 9.8.06			
	rater / administrative receiver / receiver manage		delete as appropriate		
Please give the name, address, elephone number and, if available a DX number and Exchange of the					
person Companies House should contact if there is any query.		T -1			
and it alors to diff quoty.	DV	Tel			
	DX number	DX exchange			