

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):		
	From	То	
Date or period during which shares were allotted	Day Month Year	Day Month Year Day Month Year	
(If shares were allotted on one date enter that date in the "from" box)	0 8 0 5 2 0 0	0 8 0 5 2 0 0 6	
94 g			
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	4972		
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 the	ne allottees and the number of share	es allotted to each overleaf	
If the allotted shares are fully	or partly paid up otherwise t	han 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:

A02
COMPANIES HOUSE

12/05/2006

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

**ames and addresses of the allottees (List joint share allotments consecutively)

Shareholder details Name MRS ANN ELIZABETH WHITE		Shares and share class allotted	
		Class of shares allotted	Number allotted
Address 50 OAKTREE ROAD,		ORDINARY	4,972
BITTERNE PARK, SOUTHAMPTON			
UK P	ostcode SO181PH		
Name		Class of shares allotted	Number allotted
Address			
<u> </u>		_	L
UK P	ostcode	1	. L
Name		Class of shares allotted	Number allotted
Address			
. L			
UK P	ostcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address		}	
UK P	ostcode בבבב בב	Ĺ <u></u>	L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Postcode			
Please enter the number of continu	ation sheets (if any) attached to this	s form	
Signed secretary / administrator / ad	ministrative receiver / receiver manager / rec	Date	delete as appropriate
Please give the name, address, telephone 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	