

88(2)
Return of Allotment of Shares

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

Company Number	4992207			
Company name in full	GROUP 4 SECURICOR PLC			
Shares allotted (including bonus shares):				
	From To			
Date or period during which	Day Montin Year Day Month Year			
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	2 0 0 4 2 0 0 6			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	65000			
Nominal value of each share	£0.25			
Amount (if any) paid or due on each share (including any share premium)	ch 108p			
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			

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

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

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COMPANIES HOUSE 29/04/2006

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

For companies registered in England and Wales

DX 235 Edinburgh

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

Shareholder details		Shares and share class allotted	
Name OMX SECURITIES NOMINEES LI	IMITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 69XHN MEMBER AC	COUNT KKCLT	ORDINARY	65,000
CANTERBURY HSE, 85 NEWHALL STREET, BIRMINGHAM			
UK Pos	stcode B3 _ 1 L H		
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Pos	stcode LLLLLL		
Name		Class of shares allotted	Number allotted
Address			

UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
LIIZ D.		_	
UK Pos	stcode LLLLLLL		
Name		Class of shares allotted	Number allotted
Address			
LIK Pos	stcode	_	1
Please enter the number of continuat	tion sheets (if any) attached to thi	s form	
gned		Date 27.4.06	
A directo r / secretary / administrator / admi	inistrative receiver / receiver manager / re-	ceiver Please	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.		Tel	
	DX number	DX exchange	