

Return of Allotment of Shares

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

2420007

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)	From To Day Month Year Day Month Year 0 7 0 4 2 0 0 6			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	9929			
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 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

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 Name MRS JACQUI REYNOLDS		Shares and share	Shares and share class allotted	
		Class of shares allotted	Number allotted	
Address 4 MIDDLETON TERRACE, GOSS STREE	:T,	ORDINARY	9,929	
COWES, ISLE OF WIGHT				
	code PO317TE			
Name		Class of shares allotted	Number allotted	
Address				
UK Postc	ode			
Name		Class of shares allotted	Number allotted	
Address				
UK Posto	ode			
Name L		Class of shares allotted	Number allotted	
Address	- 8 do	·	_	
UK Postc	ode <u> </u>			
Name		Class of shares allotted	Number allotted	
Address				
<u> </u>				
UK Postc	ode			
Please enter the number of continuation	n sheets (if any) attached to	this form		
igned A director / segretary / administrator / adminis	trative receiver mana ger	Date 19.4.06	delete as appropriate	
lease give the name, address,				
DX number and Exchange of the erson Companies House should		_		
ontact if there is any query.		Tel		
	DX number	DX exchange		