

Return of Allotment of Shares

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

4002207

Company Number	4992207			
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 1 9 1 2 2 0 0 5			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	1826			
Nominal value of each share	£0.25			
Amount (if any) paid or due on each share (including any share premium)	ch 104p			
List the names and addresses of the	he 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)				

COMPANIES HOUSE

22/12/2005

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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

DX 235 Edinburgh

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

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

. Shareholder details		Shares and share	Shares and share class allotted	
Name MISS PATRICIA JANET MAHY		Class of shares allotted	Number allotted	
Address GIFJEAN LES LANDES CLOS		ORDINARY	1,826	
LANDES DU MARCHE, VALE, GUERNS	EY, CHANNEL ISLANDS			
UK Post	code GY6 8DJ			
Name		Class of shares allotted	Number allotted	
Address				
			L	
UK Pos	icode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode	L		
Please enter the number of continuat	ion sheets (if any) attached to	this form		
A A				
Signed / /// A-disseted/secretary /-administrator /_admin			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.		Tel		
	DX number	DX exchange		