

for the record

Return of Allotment of Shares

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

**Company Number** 

4992207	
GROUP 4 SECURICOR PLC	

Company name in full	GROUP 4 SECURICOR PLC				
Shares allotted (including bonus shares):					
	From To				
Date or period during which shares were allotted	Day Month Year Day Month Year				
(If shares were allotted on one date enter that date in the "from" box)	1 2 1 2 2 0 0 5				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	1096				
Nominal value of each share	£0.25				
Amount (if any) paid or due on ea share (including any share premium)	104p				
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

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

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details		Shares and share class allotted	
Name MR MICHAEL MAIN		Class of shares allotted	Number allotted
Address 82 WOOLSTON ROAD,		ORDINARY	,1,096
BUTLOCKS HEATH, NETLEY ABBEY,	SOUTHAMPTON		
UK Pos	stcode SO3 5FJ	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
L			
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode	<u></u>	<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	stcode	1	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		
Please enter the number of continua	tion sheets (if any) attached to thi	s form	
Signed		Date	
A director / septetary Ladministrator / adm	inistrative reserver / receiver menager / re	eeiver Please	delete as appropriate
Please give the name, address, telephone number and, if available,			
a DX number and Exchange of the person Companies House should			<del></del> -
contact if there is any query.		Tel	
	DX number	DX exchange	