

Return of Allotment of Shares

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

Company Number

4992203 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 dateenter that date in the "from" box)

From To Month Month Day Year Day Year 0.0.

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

	· 1	
ORDINARY		
3653		
£0.25p		
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:

Consideration for which the shares were allotted

% that each share is to be

treated as paid up

(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)

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

26/11/2005 **COMPANIES HOUSE**

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

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

Shareholder de	etails	Shares and share	class allotted
Name MR HARSHADRAI PATEL		Class of shares allotted	Number allotted
Address 14 LAUDERDALE STREET,		ORDINARY	3,653
PRESTON, LANCS		- CIONART	<u> </u>
	P.P.1 8 I I	_	
UK Post	tcode PR1 8 JL		
Name		Class of shares allotted	Number allotted
Address	-		L
LIK Pool	tanda		
Name	tcode _ L. L L L L. L	Class of shares	Number
Address	- The state of the	allotted —	allotted
L			L
UK Post	tcode		
Name		Class of shares allotted	Number allotted
Address			L
LIK Pool	tanda		
Name	tcode	Class of shares	Number
Address		allotted	allotted
	and the state of t	_ L	
UK Pos	tcode L L L L		
Please enter the number of continuati	ion sheets (if any) attached to this	s form	
Signed A director / secretary / administrator / admin		Please	delete as appropriate
	The state of the s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	