

for the record

Return of Allotment of Shares

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

4992207	4	9	9	2	2	0	7
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Company Number	4992207
Company name in full	GROUP 4 SECURICOR PLC
Shares allotted (including bor	nus 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 6 1 1 2 0 0 5
Class of shares (ordinary or preference etc)	ORDINARY
Number allotted	25000
Nominal value of each share	£0.25
Amount (if any) paid or due on each share (including any share premium)	eh 130p
List the names and addresses of th	e 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

23/11/2005

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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 of	Shares and share class allotted		
Name PERSHING KEEN NOMINEES L	IMITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 601 MEMBER ACC	OUNT KKCLT	ORDINARY	25,000
CAPSTAN HSE, ONE CLOVE CRESC	ENT, EAST INDIA DOCK, LONDON		
UK Po	ostcode E 1 4 2 B H		
Name		Class of shares allotted	Number allotted
Address			
		L	
UK Po	ostcode		
Name		Class of shares allotted	Number allotted
Address			
UK Po	ostcode		
Name		Class of shares allotted	Number allotted
Address			
L		1	
UK Po	ostcode டூடடட		
Name		Class of shares allotted	Number allotted
Address			
UK Po	ostcode	<u> </u>	
Please enter the number of continu	ation sheets (if any) attached to this f	orm	
Signed	Dat	e2	-
A director / secretary / administrator / administrator /	ninistrative reseiver / reseiver manager / resei	re r Please	delete as appropriate
Please give the name, address, elephone number and, if available,			
a DX number and Exchange of the person Companies House should		<u> </u>	
contact if there is any query.	DX number	Tel DX evchange	