

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 bo	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 0 1 0 2 0 0 5
Class of shares (ordinary or preference etc)	ORDINARY
Number allotted	34979
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	ne 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

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh



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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 class allotted	
Name PERSHING KEEN NOMINEES LII	MITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 601 MEMBER ACCO	DUNT KKCLT	ORDINARY	34,979
CAPSTAN HSE, ONE CLOVE CRESCENT, EAST INDIA DOCK, LONDON			
UK Pos	stcode E 1 4 2 B H	L	
Name		Class of shares allotted	Number allotted
Address			
k			
UK Pos	stcode	L	L
Name		Class of shares allotted	Number allotted
Address			
		L	1
UK Po:	stcode	L	
Name		Class of shares allotted	Number allotted
Address			
		f L	
UK Po	stcode ににとこ ににに	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Please enter the number of continua	tion sheets (if any) attached to this fo	orm	
Signed	Dat	e	
- m	vinistrative receive r / receiver mana ger / recei		delete as appropriate
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	