

for the record

Return of Allotment of Shares

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

Company Number	4992207			
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 9 0 9 2 0 0 5			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	1580			
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			



COMPANIES HOUSE

23/09/05

the Registrar of Companies at:

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 details		Shares and share class allotted	
Name MR JOHN GRANT		Class of shares allotted	Number allotted
Address 74 LORETTO ST,		ORDINARY	1,580
NORTH CARNTYNE, GLASGOW			
UK Pos	stcode G 3 3 3 B U		L
Name		Class of shares allotted	Number allotted
Address		-	
		_	L
UK Pos	stcode	L	t
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address		-	
	<u></u>	_	
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		i 	
L			
UK Pos	tcode		
Please enter the number of continuat	ion sheets (if any) attached to this	form	
Signed		ate 22, 9. 05	
A director / secretary / minietrator / admir	nistrative receiver /-receiver menager /-rece	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			
contact if there is any query.		Tel	
	DX number	DX exchange	