

88 (Z)
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			
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Shares allotted (including bonus	s shares):		
	From	То	
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)	0,90,62,0,0,5		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	5000		
Nominal value of each share	£0.25		
Amount (if any) paid or due on each share (including any share premium)	133.75p		
List the names and addresses of the a	llottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully or	partly paid up otherwise than in	n 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

DX 33050 Cardiff

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 d	etails	Shares and share	class allotted
Name PERSHING KEEN NOMINEES LII	MITED	Class of shares allotted	Number allotted
Address			
PARTICIPANT ID 601 MEMBER ACCO		ORDINARY	5,000
CAPSTAN HSE, ONE CLOVE CRESCE	NT, EAST INDIA DOCK, LONDON		L
UK Pos	stcode E 1 4 2 B H		
Name		Class of shares allotted	Number allotted
Address			
1	1.8		
UK Pos	stcode	<u></u>	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
l			
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
1			L
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
UK Po	stcode		. L
Please enter the nymber of continua	tion sheets (if any) attached to this f	orm	
Signed	Dat	te /3-6-05	
- / <i>X</i> XI	inistrative reseiver / reseiver manager / rezei		delete as appropriate
Please give the name, address,			
telephone number and, if available, a DX number and Exchange of the	<u></u>		
person Companies House should contact if there is any query.		Tel	
	DX number	DX exchange	