

Return of Allotment of Shares

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

4002207

Company Number	GROUP 4 SECURICOR PLC		
Company name in full			
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  2 4 0 5 2 0 0 5		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	7142		
Nominal value of each share	£0.25		
Amount (if any) paid or due on ea share (including any share premium)	ch 64p		
List the names and addresses of t	he allottees and the number of shares allotted to each overleaf		
If the allotted shares are fully	y 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:

0307 A09 COMPANIES HOUSE 01/06/05

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

DX 235 Edinburgh

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  Name  MRS ROSEMARIE LOVEGROVE		Shares and share	Shares and share class allotted	
		Class of shares allotted	Number allotted	
Address 4 THE LINKWAY,		ORDINARY	7,142	
SUTTON, SURREY				
UK Posto	ode SM2 5SE		L	
Name		Class of shares allotted	Number allotted	
Address				
1			L	
UK Postc	ode	_	L	
Name		Class of shares allotted	Number allotted	
Address			L	
UK Posto	ode		L	
·			Niverbox	
Name		Class of shares allotted	Number allotted	
Address				
UK Postc	ode	_	L	
Name		Class of shares allotted	Number allotted	
Address				
UK Postc	ode L L L L L L L			
Please enter the number of continuation	n sheets (if any) attached t	o this form		
Signed		Date		
A <del>director</del> / secretary <del>/ Identinistrator</del> / adminis	Mative receiver / receiver memage	er / reserver 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	<u></u>	
	DX number	DX exchange		