

for the recons

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHANLOOD	
Company	Number

4992207

Company name in full

GROUP 4 SECURICOR PLC	·	 	
	<u> </u>	 	

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

From	То
Day Month Year	Day Month Year
0 7 0 3 2 0 0 5	

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY			
1390	,		
£0.25p			
1.04			

List the names and addresses of the 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)

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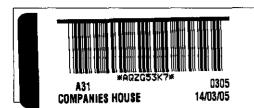
When you have completed and signed the form send it to the Registrar of Companies at:

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 de	etails	Shares and share	class allotted
Name MS WENDY HOWARD		Class of shares allotted	Number allotted
Address 61 DRUMMOND ROAD, CROYDON		ORDINARY	1,390
SURREY			
UK Post	tcode CRO 1TD	L	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode ေ		
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	tcode	L	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode	L	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode		
Please enter the number of continuat	ion sheets (if any) attached to th	is form	
Signed		Date	
A director / secretary (administrator / admin	n ictrative receiver / receiver manager / re	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	