

for the record

Return of Allotment of Shares

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

4992207

Company name in full

GROUP 4 SECURICOR PLC			

Company name in rais	GROUP 4 SECONICON FEC				
<u></u>					
Shares allotted (including bor	nus shares):				
	From	То			
Date or period during which	Day Month Year	Day Month Year			
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	1,3 1,2 2,0,0,4				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	381				
Nominal value of each share	£0.25				
Amount (if any) paid or due on each share (including any share premium)	ch 1.04p				
List the names and addresses of th	e allottees and the number of shares allott	ted 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

> 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 LESLIE DONOVAN		Class of shares allotted	Number allotted	
Address 13 FOLKESTONE ROAD,		ORDINARY	381	
CLAYTON, MANCHESTER				
UK Postc	ode M111 1LQ		<u> </u>	
Name		Class of shares allotted	Number allotted	
ddress				
			<u> </u>	
UK Postc	ode LLLLL			
Name		Class of shares allotted	Number allotted	
Address		_	,	
UK Posto	ode L		L	
lame		Class of shares	Number	
		allotted 	allotted	
Address			<u> </u>	
			<u> </u>	
UK Posto	ode LLLLLL			
lame		Class of shares allotted	Number allotted	
Address				
		_	L	
UK Posto	ode	L		
Please enter the number of continuation	n sheets (if any) attached to this	s form		
gned	D	ate	·Ψ	
A-di rector / secretary 1 all ministrator / adminis	trative receiver / receiver manager / ree	eiver Please	delete as appropriate	
ease give the name, address, ephone number and, if available,				
OX number and Exchange of the rson Companies House should				
ntact if there is any query.		Tel		
	DX number	DX exchange		