

Return of Allotment of Shares

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

Company Number

4992207

GROUP 4 SECURICOR PLC		

Company name in full	GROUP 4 SECURICOR PLC	ROUP 4 SECURICOR PLC			
Shares allotted (including bo	nus 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 2 1 1 2 0 0 4				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	25000				
Nominal value of each share	£0.25				
Amount (if any) paid or due on eac share (including any share premium)	ch 108p				
List the names and addresses of the	ne allottees and the number of shares allo	tted to each overleaf			
If the allotted shares are fully	or partly paid up otherwise than ir	າ 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

DX 235

Edinburgh

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland



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Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name CAZENOVE NOMINEES LIMIT	ED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 142CN MEMBER	ACCOUNT ESOS	ORDINARY	25,000
20 MOORGATE, LONDON			
UKI	Postcode E C 2 R 6 D A		L
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UKI	Postcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK F	Postcode		
Name		Class of shares allotted	Number allotted
Address			
			L
UKI	Postcode LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
			L
UK	Postcode		
Please enter the number of contin	uation sheets (if any) attached to th	s form	
Signed	1	Date /6 (1, 04	
A director / sapretary / administrator / a	dministrative receiver / receiver manager / re	ceiver Please	delete as appropriate
lease give the name, address, elephone number and, if available,			·
DX number and Exchange of the erson Companies House should			
ontact if there is any query.		Tel	
	DX number	DX exchange	