

88(2)

	Return of Allotment of Shares				
Please complete in typescript, or in bold black capitals.	·				
CHFP010 Company Number	SC218	3813		:	
Company Name in full	HBOS	PIC			
Shares allotted (including bonus shares):					
	From			То	
Date or period during which shares were allotted	Day Month Ye	ar	Day	Month	Year
(if shares were allotted on one date enter that date in the "from" box)	<u> </u>				
Class of shares (ordinary or preference etc)	CLOWALY				
Number allotted	64,567				
Nominal value of each share	£0.28				-
Amount (if any) paid or due on each share (including any share premium)	16.935				
List the names and addresses of the allot	tees and the number of :	shares allotted to	each ov	erleaf	
If the allotted shares are fully or pa	ırtly paid up otherwi	se than in cas	h pleas	e 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)					
and out of a side desired at the fit withing					



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

To 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 c	Shares and share class allotted		
Name WBOS QUEST UMITED (ASTELLITEE OF THE HBOS Address QUALIFING EMPLOYEE OWNERSHIP TRUST)	Class of shares allotted CLOINALY	Number allotted 64.567		
THE MOUND 60 INBURGH		:		
UK postcode LEHI 192				
Name	Class of shares allotted	Number allotted		
Address				
UK postcode				
Name	Class of shares allotted	Number allotted		
Address				
UK postcode				
Name	Class of shares allotted	Number allotted		
Address		:		
UK postcode	L			
Please enter the number of continuation s				
A director / secretary / administrator / administrative received	LEACHY Date 7	16/65		
Please give the name, address, telephone humber and, if available, a DX number and	STIVET			
Exchange of the person Companies House should contact if there is any query.	PL THE MOUND 42 Tel 0131 24:	601NBURGH 3 7029		

DX number

DX exchange