



**BLUEPRINT**  
Company Secretary

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

CHFP055

**Company Number**

218019

**Company Name in full**

IMPERIAL CHEMICAL INDUSTRIES PLC

# 88(2)

## Return of Allotment of shares

### 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 |       |      |     |       |      |   | To  |       |      |  |  |  |  |
|------|-------|------|-----|-------|------|---|-----|-------|------|--|--|--|--|
| Day  | Month | Year | Day | Month | Year |   | Day | Month | Year |  |  |  |  |
| 1    | 1     | 1    | 0   | 2     | 0    | 0 | 1   |       |      |  |  |  |  |

**Class of shares**  
(ordinary or preference etc)

ORDINARY

**Number allotted**

112

**Nominal value of each share**

£1.00

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

366p

*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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|  |  |  |

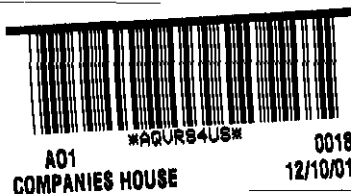
**When you have completed and signed the form send it to  
the Registrar of Companies at:**

**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**



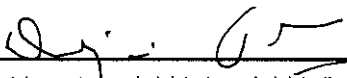
**Names and addresses of the allottees** (List joint share allotments consecutively)

| Shareholder details                                               |  | Shares and share class allotted      |                        |
|-------------------------------------------------------------------|--|--------------------------------------|------------------------|
| Name<br><u>Mathew Owen Gallimore</u>                              |  | Class of shares allotted<br>ORDINARY | Number allotted<br>112 |
| Address<br><u>166 Chester Road Norhtwich Cheshire</u>             |  |                                      |                        |
| UK Postcode <u>C</u> <u>W</u> <u>8</u> <u>4</u> <u>A</u> <u>L</u> |  |                                      |                        |
| Name<br>_____                                                     |  | Class of shares allotted             | Number allotted        |
| Address<br>_____                                                  |  |                                      |                        |
| UK Postcode    _____                                              |  |                                      |                        |
| Name<br>_____                                                     |  | Class of shares allotted             | Number allotted        |
| Address<br>_____                                                  |  |                                      |                        |
| UK Postcode    _____                                              |  |                                      |                        |
| Name<br>_____                                                     |  | Class of shares allotted             | Number allotted        |
| Address<br>_____                                                  |  |                                      |                        |
| UK Postcode    _____                                              |  |                                      |                        |
| Name<br>_____                                                     |  | Class of shares allotted             | Number allotted        |
| Address<br>_____                                                  |  |                                      |                        |
| UK Postcode    _____                                              |  |                                      |                        |

Please enter the number of continuation sheets (if any) attached to this form

0

Signed



Date

11/10/01

A director / secretary, administrator, administrative receiver / receiver manager / receiver.

Please delete as appropriate

Please give the name and 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 |