

88(2)
Return of Allotment of Shares

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

**Company Number** 

3811216

Company name in full	SECURICOR PLC				
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  0 8 1 0 2 0 0 1				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	44910				
Nominal value of each share	5P				
Amount (if any) paid or due on each share (including any share premium)	ch 86.58P				
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)					

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

\*04BFZ5BJ\*

A28 COMPANIES HOUSE 29/10/01

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

For companies registered in England and wales

DX 235 Edinburgh

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

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

Name CAZENOVE NOMINEES LIMITED SDFD ACCT		Shares and share	Shares and share class allotted	
		Class of shares allotted	Number allotted	
Address 12 TOKENHOUSE YARD	<u></u> -	ORDINARY	44,910	
LONDON				
UK P	ostcode EC2R7A	·		
Name		Class of shares allotted	Number allotted	
Address			anotted	
UK P	ostcode			
Name		Class of shares	Number allotted	
Address				
UK P	ostcode			
 Name		Class of shares	Number	
L		allotted	allotted	
Address				
UK P	ostcode			
Name		Class of shares allotted	Number allotted	
Address				
L				
UK P	ostcode L L L L L L	_		
Please enter the number of continu	uation sheets (if any) attached to	o this form		
signed		Date		
A director / secretary / administrator./ ad	Iministrative receiver / receiver manage		delete as appropriate	
Please 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		