

for the record

88(2)
Return of Allotment of Shares

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

Company	Number
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Company name in full

3811216		
SECURICOR PLC		

Shares allotted (including bonus shares): To From Date or period during which Day Month Year Day Month Year shares were allotted (If shares were allotted on one date 2 0 ٠0 enter that date in the "from" box) Class of shares ORDINARY (ordinary or preference etc) 3286 Number allotted 0.05 Nominal value of each share Amount (if any) paid or due on each £0.8658 share (including any share premium) 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

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

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contract is not in writing)

COMPANIES HOUSE

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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 consecutive)	cutively)
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Shareholder d	etails	Shares and share	class allotted
Name MRS LINDA DICKINSON		Class of shares allotted	Number allotted
Address 22 ST BARNABAS ROAD		ORDINARY	1,672
SUTTON, SURREY			
UK Pos	stcode SM1_4NP		
Name MRS ELIZABETH KIRKWOOD		Class of shares allotted	Number allotted
Address MID BUISTON FARM		ORDINARY	1,614
KILMAURS, AYRSHIRE			
UK Pos	stcode KA3 2PP		
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Pos	tcode ေ		<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	tcode	L	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode		L
Please enter the number of continuat	ion sheets (if any) attached to this	form	
Signed	D	ate/5- 1 - 20	01
A director / secretary / a minietrator / admin			delete as appropriate
Please give the name, address,			
telephone number and, if available, a DX number and Exchange of the			
person Companies House should contact if there is any query.			
	DX number	DX exchange	