

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 bo	nus shares):			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From  Day Month Year  1   9   1   2   2   0   0   0	To  Day Month Year		
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	47510			
Nominal value of each share	0.05p			
Amount (if any) paid or due on ea share (including any share premium)	och 0.6848			
List the names and addresses of t	he allottees and the number of shares allo	otted to each overleaf		
If the allotted shares are fully	y or partly paid up otherwise than i	n 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)	y			

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

Cor This fo



mpanies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

companies registered in England and Wales

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

DX 235 Edinburgh

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

Shareholder details		Shares and share	Shares and share class allotted	
Name CAZENOVE NOMINEES LIMITED		Class of shares allotted	Number allotted	
Address PARTICIPANT ID 142CN MEMBER ACCO	UNT ID ESOS	ORDINARY	47,510	
12 TOKENHOUSE YARD, LONDON				
UK Postco	de EC2R7A	N	<u> </u>	
Name		Class of shares allotted	Number allotted	
Address				
UK Postco	ode			
Name		Class of shares allotted	Number allotted	
Address				
UK Postco				
Name		Class of shares allotted	Number allotted	
Address			1	
UK Posto	ode LLLLL		_	
Name		Class of shares allotted	Number allotted	
Address				
UK Posto	code LLLLL			
Please enter the number of continuation	on sheets (if any) attach	ed to this form		
1 M	on onooid (ii arry) andori			
A director / secretary / administrator / administrator /	strative receiver / receiver me	Date 22.12.00	se delete as appropria	
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.		Tel		
	DX number	DX exchange	·	