

Return of Allotment of Shares

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

**Company Number** 

Company name in full

26077	
DELTA PLC	

Shares allotted (including bonus s	hares):			
·	From		То	
Date or period during w hich shares were allotted	Day Month	Year	Day Month Year	
(If shares were allotted on one date enter that date in the "from" box)	19042002			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	85, 753			
Nominal value of each share	25,0			
Amount (if any) paid or due on each share (including any share premium)	9/2			
List the names and addresses of the allo	ottees and the number of	shares allott	ted to each ov	/erleaf
If the allotted shares are fully or p	eartly paid up otherw	ise than in	cash 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)				

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

A16 COMPANIES HOUSE

26/04/02

Companies House, Crown Way, Cardiff CF14 3UZ

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

Shareholder details	Shares and share class allotted			
lame	Class of shares	Number		
CAZENOVE NOMINEES LTD a/c ESOS	allotted	allotted		
Address				
12 TOKENHOUSE YARD	DROINARY 25p.	25753		
LONIDON		<del>00,100</del>		
UK Postcode EC2R7AN				
Name	Class of shares allotted	Number allotted		
Address				
		L		
UK Postcode	<u></u>	L		
Name	Class of shares allotted	Number allotted		
Address				
LIK Poetcode		<u> </u>		
UK Postcode LLLLL		·		
Name	Class of shares allotted	Number allotted		
Address		•		
<del></del>	-			
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address	-			
1		<u> </u>		
UK Postcode	L	. \		
Please enter the number of continuation sheets (if any) attached to this	s form	- H		
Signed onu)	Date 24.04.200	2		
A director / secretary / administrator / administrative reseiver / reseiver manager / reseiver		e as appropriate		
Please give the name, address, elephone number and, if available,	CIAL DEPT, DEC	M FIC		
DESCRIPTION OF THE PROPERTY OF	ONION MCGR	ONY		

DX number

DX exchange