

Return of Allotment of Shares

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

011111 000	
Company	Number

814103	
N BROWN GROUP PLC	

Company name in full	N BROWN GROUP PLC					
Shares allotted (including bonus shares):						
	From	То				
Date or period during which shares were allotted	Day Month Year	Day Month Year				
(If shares were allotted on one date enter that date in the "from" box)	0 4 0 1 2 0 0 7					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	27157					
Nominal value of each share	10P					
Amount (if any) paid or due on each share (including any share premium)	ch					
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:

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 add	dresses of the	allottees //	List joint share	siloticents	consecutively
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Shareholder d	Shareholder details Shares and share class		class allotted	
Name HSDL NOMINEES LIMITED		Class of shares allotted	Number allotted	
Address TRINITY ROAD,HALIFAX		ORDINARY	27,157	
L			L	
UK Pos	stcode HX1 2RG			
Name		Class of shares allotted	Number allotted	
Address		<u></u>	L	
LIK Pas	tcode L L L L L L	L	L	
Name		Class of shares allotted	Number allotted	
Address				
LIK Pos	tcode L L L L L		L	
Name		Class of shares	Number	
Address		allotted	allotted	
		L	L	
UK Pos	tcode LLLLL	·	L	
Name		Class of shares allotted	Number allotted	
Address		L		
LW Page	tcode LLLL	L	L	
Please enter the number of continuat	ion sheets (if any) attached to this fo Date	2 ;	2	
A director / secretary / administrator / admi	Date nistrative receiver / receiver manager / receiver	•	delete as appropriate	
lease give the name, address.				
DX number and Exchange of the erson Companies House should				
ontact if there is any query.		Tel		
	DX number D	X exchange		