

Return of Allotment of Shares

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

Company Number

814103

N BROW	VN GRO	OUP F	LC	 	 	 <u></u>	 	

Company name in full	N BROWN GROUP PLC						
Shares allotted (including bonus shares):							
	From	I	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)	3 1 0 1 2	2 0 0 7					
Class of shares (ordinary or preference etc)	ORDINARY	ORDINARY	,				
Number allotted	372	318					
Nominal value of each share	10P	10P					
Amount (if any) paid or due on eac share (including any share premium)	th 1.19	1.16					
List the names and addresses of the	e allottees and the number	r of shares allot	ted to each ove	erleaf			
If the allotted shares are fully	or partly paid up othe	rwise than in	cash please	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)							



COMPANIES HOUSE

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 addresses of the allottees (List joint share allotments consecutively)

Shareholder d	Shares and share class allotted			
Name HSDL NOMINEES LIMITED		Class of shares allotted	Number allotted	
Address TRINITY ROAD,HALIFAX		ORDINARY	690	
UK Pos	tcode HX1 2RG		L	
Name		Class of shares allotted	Number allotted	
Address			L	
UK Pos	tcode		L	
lame		Class of shares allotted	Number allotted	
Address		-	ı	
UK Pos	tcode டடடடட		L	
lame		Class of shares	Number	
Address		allotted	allotted	
			L	
UK Pos	tcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode		L	
Please enter the number of continuati	on sheets (if any) attached to this	form		
gned P.F.		ate 74 February	2007	
A director / secretary / administrator / admin	nistrative receiver / receiver manager / rece	eiver Please	delete as appropriate	
ease give the name, address, ephone 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		