

Return of Allotment of Shares

Please complete in typescript, or

ın bold black capitals. CHWP000				
Company Number	814103			
Company name in full	N BROWN GROUP PLC			
Shares allotted (including bonus shares):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 2 4 0 8 2 0 0 7			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	1613971			
Nominal value of each share	11 1/19P			
Amount (if any) paid or due on each share (including any share premium)	ch			
List the names and addresses of the	ne 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:

07/09/2007

COMPANIES HOUSE

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

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

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details		Shares and share class allotted	
Name PERSHING KEEN NOMINEES LIN	/ITED A/C LDCLT	Class of shares allotted	Number allotted
Address CAPSTAN HOUSE, ONE CLOVE CRES	CENT, EAST INDIA DOCK,	ORDINARY	1613971
LONDON		_	<u> </u>
UK Pos	tcode E 1 4 2 B H		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode		1
Name		Class of shares allotted	Number allotted
Address		_	<u> </u>
UK Pos	tcode		L
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 F.M.	D	ate 6th Septem	18LM 2007
A director / secretary /-administrator / admin	nistrative receiver / receiver manager / rec	eiver Please	delete as appropnate
Please give the name, address, elephone number and, if available, DX number and Exchange of the			
person Companies House should contact if there is any query		Tel	
	DX number	DX exchange	· · · · · · · · · · · · · · · · · · ·