Please do not write in this binding margin.

Plezze complete legibly, preferably in black type, or bold block lettering

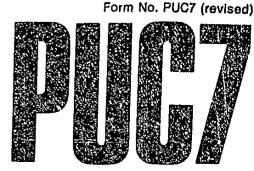
*delete if inappropriate

†Distinguish between ordinary, proference, etc.

iding premium

Return of allotments of shares issued by way of capitalisation of reserves (bonus issues)

Pursuant to section 52(1) of the Companies Act 1948 as amended by the Companies Act 1976



Limited*

For official use	Company number	
[3]6]A]	1231087	

The second secon				•
Description of shares †	A Number of shares allotted	B Nominal amount of each	C Amount treated as paid up	D Amount paid or due and pay- able on each ‡
i CRDINARU	70,000	£	£ 577,700	H9. 9.00
ii		- 	E 401000	f golook
ř		£	£	I £ A Section 1
iii		£	£	£

\$delete or complete as appropriate

Date(s) of allotment(s)	-
[made on the 5 / 3 / 1986]. X	
[from the 19 19 19	
The names, descriptions and addresses of the allottees should be given overleaf	

HABNONETICS (UK)

Notes

Name of Company

If there is any non-bonus element, any amount paid on any call or calls should be stated on Form PUC 5.

No capital duty is payable in respect of capitalisation of reserves.

This form should be delivered to the Registrar of Companies within one month of the (first) date of allotment and should be accompanied by the duly stamped contract referred to in section 52(1) (b) of the Companies Act 1948 or, where the contract has not been reduced to writing by a form 52 (Particulars of contract).

Presentor's name, address and reference (if any):

IHAEMONETICS (UK) HTD

DEMCON HOUSE

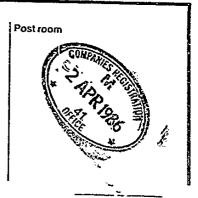
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W FORKS.

For official use Capital section



Please do not write in this Names, descriptions and addresses of the allottees binding margin. Name and description Address Number of shares allotted Preference Ordinary Other kinds Please complete MR. J. F. WHITE 99 LAZELL STREET <u>49401</u> legibly, preferably in PRESIDENT HUBMIH black type, or bold block MASS. USA lettering 4-99 MR.J. L. PETERSON CHEMIN DES PEUDEX 1297 FOUNEX Vice president HAEMONETICS CORP SWITZERLAND Total Where the space given on this form is inadequate, continuation sheets should be used and the number of sheets attached should be indicated in the box opposite: I hereby certify that the details entered on this form are correct. ‡delete as Signed - Lofthouse [Director] [Secretary] Date . appropriate

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