

Please complete in typescript, or in bold b CHFP041

Return of Allotment of Shares

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Company Number	02798607			
Company name in full	NHP PLC			
Shares allotted (including bonus share	es):			
Date or period during which	From	То		
shares were allotted (if shares were allotted on one date enter that date in the "from" box.)	Day Month Year 1 5 0 9 2 0 0 4	Day Month Year		
Class of shares (ordinary or preference etc.)	ORDINARY			
Number allotted	171,744			
Nominal value of each share	1p			
Amount (if any) paid or due on each share (including any share premium)	35p			
List the names and addresses of the a If the allotted shares are fully o				
% 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)				
		<u> </u>		

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



Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB **DX 235** Edinburgh for companies registered in Scotland

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

Shareholder details		Shares and share	Shares and share class allotted	
Name		Class of shares	Number	
Cost Nominees Limited A/C	PAPERIN	allotted	allotted	
Address				
9th Floor, 88 Wood Street	,	LORDINARY	171,744	
London			_ L	
UK Pa	ostcode EC2N72R			
Name		Class of shares	Number	
L		allotted	allotted	
Address				
		L		
		L		
UK Po	stcode L L L L L L			
Name		Class of shares	Number	
		allotted	allotted	
Address				
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UK Po	stcode L L L L L L	<u> </u>	_	
Name		Class of shares	Number	
		allotted	allotted	
Address				
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Name		Class of shares	Number	
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Address				
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riease enter the number of continu	ration sheet(s) (if any) attached to th	is form		
Signed	Date _ <u>/ 2</u>	10.2004		
A director / secretary / a dministrator / a dminist	retive manager / receiver manager / re cei <u>v</u> er	Please delete as a	ppropriate	
Please give the name, address,				
telephone number and, if available,	Ms. S. KAUR, BLOOK	A, UPPER GA	own frook	
a DX number and Exchange of the	Burd land Dove Co	מה ממל האל האל ה	•_	
person Companies House should contact if there is any query.	QUES LOVA, BUKE STI	CECT NOTING	7	
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	DX number DX excha	nge		