

Return of Allotment of Shares

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

Company Number

2920061

IMAGINATION TECHNOLO	OGIES GROUP PLC	

Company name in full	IMAGINATION TECHNOLOGIES GROUP PLC		
Shares allotted (including bor	nus 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 1 1 0 7 2 0 0 6		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	6250		
Nominal value of each share	£0.10		
Amount (if any) paid or due on each share (including any share premium)	h 34.5p		
List the names and addresses of th	e 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)			

COMPANIES HOUSE 28/07/2006 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 details		Shares and share class allotted	
Name CAZENOVE NOMINEES LIMITED		Class of shares allotted	Number allotted
Address PARTICIPANT ID 142CN MEMBER AC	COUNT ESOS	ORDINARY	6,250
20 MOORGATE, LONDON		_	
UK Pos	stcode EC2R6DA		L
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	stcode		1
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Pos	stcode		
Discount of continued	tion about (if any) attached to this	form	
Please enter the number of continual		Pate 27-07-	-56
A director / secretary / administrator / admin		•	delete as appropriate
Please give the name, address, telephone number and, if available,			
a DX number and Exchange of the person Companies House should			· · · · · · · · · · · · · · · · · · ·
contact if there is any query.		Tel	
	DX number	DX exchange	