

## **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals CHWP000

2020061

Company Number	2920001					
Company name in full	IMAGINATION TECHNOLOGIES GROUP PLC					
Shares allotted (including bonus shares):						
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Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From  Day Month  1 9 0 9 2	Year Da	y Month Year			
Class of shares (ordinary or preference etc)	ORDINARY	ORDINARY				
Number allotted	4000	33500				
Nominal value of each share	10P	10P				
Amount (if any) paid or due on ea share (including any share premium)	ch 34 5P	47P				
List the names and addresses of t	he allottees and the number o	f 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:

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



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

Shareholder details		Shares and share class allotted		
Name CAZENOVE NOMINEES LIMITED	A/C ESOS	Class of shares allotted	Number allotted	
Address 20 MOORGATE, LONDON		ORDINARY	37,500	
UK Pos	tcode EC2R6DA	L		
Name		Class of shares Number allotted allotted		
Address			. L	
UK Pos	tcode			
Name		Class of shares Number allotted allotted		
Address				
LIK Pos	tcode			
Name		Class of shares	Number	
Address		allotted	allotted	
UK Pos	stcode	L		
Name		Class of shares allotted	Number allotted	
Address			L	
LIK Pos	stcode			
	<u> </u>			
Please enter the number of continual	I A A A A A A A A A A A A A A A A A A A	Date 5- /2	- 07	
A director/secretary / administrator / admin	inistrative receiver manager / 1		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				
contact is there is any query	DX number	DX exchange		