

PLEASE COMPLETE IN
TYPESCRIPT OR IN
BOLD BLACK CAPITALS

88(2)

Return of Allotment of Shares

CHFPO83

Company Number

3320790

Company name in full

Harvey Nash 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

1|0 0|7 2| 0| 0| 3

Day Month Year

| | |||

Class of shares

(ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each
share *(including any share premium)*

Ordinary

100,000

5p

N.C.

List the names and addresses of the 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
created 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

DX 33050 Cardiff

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

DX235
Edinburgh



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

Shareholder details		Shares and share class allotted	
Name	MR WERNER GOEMINNE	Class of shares allotted	Number allotted
Address	AVENUE DUE CENTAURE 23 B - 1410	Ordinary	100,000
WATERLOO BELGIUM			
UK Postcode	L L L L L L L		
Name		Class of shares allotted	Number allotted
Address			
UK Postcode	L L L L L L L		
Name		Class of shares allotted	Number allotted
Address			
UK Postcode	L L L L L L L		
Name		Class of shares allotted	Number allotted
Address			
UK Postcode	L L L L L L L		
Name		Class of shares allotted	Number allotted
Address		TOTAL	100,000
UK Postcode	L L L L L L L		

Please enter the number of continuation sheet(s) (if any) attached to this form :

Signed

Date _____

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please 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.

LLOYDS TSB REGISTRARS		THE CAUSEWAY	
WORTHING		WEST SUSSEX	BN99 6DA
ESP/EXB/HB/EX5106		Tel 01903 833415	
DX number		DX exchange	