

Return of Allotment of Shares

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

Company Number

26077	
DELTA PLC	

Company name in full	DELTA PLC			
Shares allotted (including bonus shares):				
Date or period during w hich 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 15042003			
Class of shares (ordinary or preference etc)	ORD CRD			
Number allotted	1268 1414,			
Nominal value of each share	25p 25p			
Amount (if any) paid or due on eac share (including any share premium)	n 82p. 99p			
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 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:

A15 COMPANIES HOUSE

22/04/03

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

DX 235

Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland

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

' Shareholder details	Shares and share class allotted		
Name DOVID OWEN	Class of shares allotted	Number allotted	
Address KASTON EDAT VESTON OD BATH UK Postcode BALL QAD	250 Ord	2682	
Name	Class of shares allotted	Number allotted	
Address		<u></u>	
UK Postcode LLLLL		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address	<u></u>		
UK Postcode LLLL		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		<u> </u>	
Please enter the number of continuation sheets (if any) attached to this form Signed Date 17.04.03 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.	L DEPT, DELT WOON, WCBB 6 FOLO 101	A PIC NP 363535	

DX number

DX exchange