

Return of Allotment of Shares

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

26077	
DELTA PLC	
	- t

Company Number	20077				
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 Day Month Year 1 70 4 2 00	To Day Month Year			
Class of shares (ordinary or preference etc)	ORDINARY O	RDINARY ORIZNARY			
Number allotted	S11 16	5,249 1405			
Nominal value of each share	250	25p 25p			
Amount (if any) paid or due on each	sh 82p (919 990			
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		Α			
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

26/04/02

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

Form Revised January 2000

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

Shareholder details	Shares and share class allotted	
Name	Class of shares allotted	Number allotted
SEE ATTACHED		
SCHODLES		<u> </u>
UK Postcode		
lame	Class of shares allotted	Number allotted
Address		
UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	-	· .
<u> </u>	_ -	
UK Postcode		_
Name	Class of shares allotted	Number allotted
Address	-	
UK Postcode LLLLLLL	L	
Please enter the number of continuation sheets (if any) attached to this	s form	
Signed	Date 24,04,02	
A-directer / secretary / administrator / administrative receiver / receiver manager / rec	eiver Please o	lelete as appropriate
Please give the name, address, elephone number and, if available, a DX number and Exchange of the person Companies House should COMPANY SECCETAR LINGSWAY	CHL DEPT DE	CVD ATE
person Companies House should contact if there is any query.	TONN NOTION	&SKSCSC DUL

DX number

DX exchange