

Return of Allotment of Shares

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

CHFP010

Company Number

154044

Company Name in full

NORWICH CITY FOOTBALL CLUB 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	Day	Month	Year
2	6	01	2	0	04

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)

"B" PREFERENCE		
1,000		
£1.00		
£100.00		

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:**

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



A08 *A2Z6PSQ0* 0601
COMPANIES HOUSE 19/02/04

Names and addresses of the allottees

(List joint share allotments consecutively)

Company No 154044

Shareholder details	Shares and share class allotted	
Name M.A.B TRUSTEE COMPANY LIMITED	Class of shares allotted £1.00 "B" PREFERENCE	Number allotted 1,000
Address 24 UPPER KING STREET, LEICESTER, LEICESTERSHIRE		
UK postcode LE1 6XE		
Name 	Class of shares allotted 	Number allotted
Address 		
UK postcode		
Name 	Class of shares allotted 	Number allotted
Address 		
UK postcode		
Name 	Class of shares allotted 	Number allotted
Address 		
UK postcode		

Please enter the number of continuation sheets (if any) attached to this form

0

Signed

[Signature]

Date

16/2/04

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

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.

SHAUN O'HARA
CO SEC
NCFC
CARROW ROAD NORWICH
DX numt NR1 1JE
01603 760760