

88(2)

Τo

Return of Allotment of Shares

From

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

Company	Mama	in	full
Company	name	ΙП	Tui

154044								
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)

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)

Day Mor	nth Year	Day	Month	Year
1,90	1 2 0 0 5			
"B" PREFI	ERENCE			

"B" PREFERENCE	
1	
£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)

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COMPANIES HOUSE

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

Names and addresses of the allottees (List joint share allotments consecutively) No 154044

<u> </u>	Shareholder details	''''''''	Shares and share class allotted					
Name	O.V.		Class of shares allotted	Number allotted				
JUNE LUBBO	CK		£1.00 "B" PREFERENCE	1				
Address 24 SUFFIELI NORFOLK	D CLOSE, NORTH WALSHA	М,						
UK postcode	NR28 OHN							
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		_						
	ease enter the number of co	ntinuation st	neets (if any) attached to this form	0				
Signed A director	/ secretary / administrator / adminis	trative receiver	Date	13. U. U.				
	name, address, telephone vailable, a DX number and	Sna	110 01480 CO	900				
Exchange of the	e person Companies House f there is any query.	NC	FC CONON RO	DO NONMAN				
	A design	NRI	IJE Tel 01603	760760				
		DX numbe	r DX exchange	J				