

Please complete in typescript, or

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COMPANIES HOUSE

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12/03/01

88	(2	!)
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Return of Allotment of shares

in bold black capitals. CHFP055				
Company Number	218019 IMPERIAL CHEMICAL INDUSTRIES PLC			
Company Name in full				
Shares allotted (including be	anus charach			
Shares allotted (including bo	From To			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year Day Month Year			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	30			
Nominal value of each share	£1.00			
Amount (if any) paid or due on each share (including any share premium)	£6.19			
List the names and addresses of t	he allottees and the number of shares allotted to each overleaf			
If the allotted shares are fully	y 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)				
#AEF4ZYUZ#	When you have completed and signed the form send it to the Registrar of Companies at: e Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff For companies registered in England and Wales			

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)

Shareholder details		Shares and share	Shares and share class allotted	
Name		Class of shares allotted	Number allotted	
Mrs C A Taylor		ORDINARY	30	
Address 25 Blandford Road South Slough			L	
		Ĺ	L	
UK Postcod	e SL3 7R	Ţ	L	
Name		Class of shares allotted	Number allotted	
Address				
UK Postcod	e <u>L L L L L</u>		L	
Name		Class of shares allotted	Number allotted	
Address			L.——-	
UK Postcod	e LLLL LL	<u> </u>	L	
Name		Class of shares allotted	Number allotted	
Address				
UK Postcod				
Name		Class of shares allotted	Number allotted	
Address			L	
LUK Postcod	le , , , , , , .			
Please enter the number of conti	inuation sheets (if any) attached to	_ Date 8/3/01	se delete as appropriate	
Please give the name and addrest telephone number and, if availab	SS, Secretariat Manager ICI PLC 9			
a DX number and Exchange of the person Companies House should		Tel		
contact if there is any query.	DX number	DX exchange		