



88(2)

Please complete in typescript, or
in bold black capitals.

CHFP055

Company Number

218019

Company Name in full

IMPERIAL CHEMICAL INDUSTRIES 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	4	0	1	2	0	0	2						
Class of shares (ordinary or preference etc)	ORDINARY													
Number allotted	35													
Nominal value of each share	£1.000													
Amount (if any) paid or due on each share (including any share premium)	£4.930													

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



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

Shareholder details		Shares and share class allotted	
Name MR PHILIP WILSON		Class of shares allotted ORDINARY	Number allotted 35
Address PEAR TREE COTTAGE, 56 HIGHFIELD ROAD, BLACON, CHESTER, CHESHIRE, England			
UK Postcode C H 1 L 5 A Z			
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 _ _ _ _ _			
Name _____		Class of shares allotted	Number allotted
Address _____			
UK Postcode _ _ _ _ _			

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

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Signed

[Signature]

Date

24/1/02

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

Please delete as appropriate

Please give the name and address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

MR SCOTT IRVINE, SECRETARIAT MANAGER, ICI PLC, 9 MILLBANK,	
LONDON, SW1P 3JF	
Tel	
DX number	DX exchange