## **PLEASE COMPLETE IN TYPESCRIPT OR IN BOLD BLACK CAPITALS**

## 88(2)

CHFPO83						
Company Number	471941					
Company name in full	WH SMITH PLC					
	1 of 1					
Shares allotted (including bonu	s shares):					
	Fro	om	То			
Date or period during which hares were allotted If shares were allotted on one date Inter that date in the "from" box.)	Day Month	Year 2005	Day Mo	nth Year		
Class of shares ordinary or preference etc)	Ordinary	Ordi	nary	Ordinary		
Number allotted	1,001	46	69	1,338		
Nominal value of each share	2 13/81p	2 13	/81p	2 13/81p		
Amount (if any) paid or due on each share (including any share premium)	356.80p	251	.20p	284.40p		
List the names and addresses of t	he allottees and the nu	ımber of shares a	llotted to each	overleaf		
f the allotted shares are fully o	r partly paid up othe	rwise than in cas	sh please sta	te:		
% that each share is to be reated as paid up						
Consideration for which he shares were allotted This information must be supported by he duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing.)						



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

**DX235** Edinburgh

Shareholder details		Shares and share class allotte		
Name	MRS DILANI DE JON	GE	Class of shares allotted	Numbe allotted
Address	10 GRANDPONT PLA OXFORDSHIRE.	ACE, LONGFORD CLOSE, OXFORD,	ORDINARY	1,054
UK Postcode:	OX1 4NH		<u> </u>	
Name	MR JOHN CHARLES	PRYOR	Class of shares allotted	Number allotted
Address	22 MARLOWE WAY, WILTSHIRE.	WOOTTON BASSETT, SWINDON	ORDINARY	1,754
UK Postcode:	SN4 8LG		<u> </u>	<u> </u>
Name			Class of shares allotted	Number allotted
Address				
UK Postcode :				<u> </u>
Name		10000	Class of shares allotted	Number allotted
Address				
UK Postcode :				<u> </u>
Name			Class of shares allotted	Number allotted
Address			TOTAL	2,808
UK Postcode :			\[ \langle \]	
$\sim$ (	/ X n.	nuation sheet(s) (if any) attached to this form  Date  trative repeiver / receiver manager / receiver	15/7/05.	elete as appropriate
u <del>n uutor i</del> Secre	tally / garministrator / aeminis	adaty reporter / receiver	riease de	nete as appropriate
phone numb ( number an	name, address, per and, if available, d Exchange of the es House should	Ms Amanda Lam, WH Smith PLC, Greenbridge Road, Swindon, Wiltshire, SN3 3LD		
	s any query.	Tel: 01793 562489		····
			X exchange	·