

88(2) Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals.
CHFP000

Company Number

Company name in full

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From

AMSTRAD	nc.	_			
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Shares allotted	(including	bonus	shares)	:
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Date or period during which
stanus were allotted
(If shares were allotted on one date
enter that date in the "from" hoy)

Day	Month	Year	Day	Month	Year	
111	04	2,0,0,5				

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)

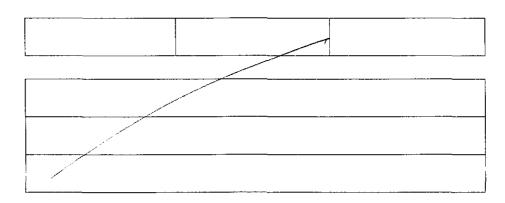
Ordinary	
10,040	
100	
200	

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)





Form revised January 2000

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)

Shareholder details	Shares and share class allotted			
Name We Hum John	Class of shares allotted	Number allotted		
Address LATOTNES VINAS , TELFORD RD	ORDINARY	اه, مه		
NEW SOUTHGASE LONDON	_	<u> </u>		
UK Postcode PLL 2 RJ	<u> </u>	L		
Name	Class of shares allotted	Number allotted		
Address				
		L		
UK Postcode L L L L L L	L			
Name	Class of shares allotted	Number allotted		
Address				
	_	L		
UK Postcode		<u> </u>		
Name	Class of shares allotted	Number allotted		
Address	_			
		<u> </u>		
UK Postcode ししししし	l	L		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Please enter the number of continuation sheets (if any) attached to this	form			
Signed Dul, D	ate	<u> </u>		
A director / secretary / administrator / administrative receiver / receiver manager / receiver		delete as appropriate		

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.

	M. CLAND		
	- AMSTRAD PLC		
	BRENTWOOD HOUSE		
	169 KINGS ROAD		
	BRENTWOOD ESSEX CM14 4EF TEL; 01277 228888	Tel	
DX number	DX exch	ange	