

for the reveal

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals.

CHWP000	
Company Number	

1000608

MANAGEMENT CONSULTING GROUP PLC	

From

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)

Month Year Month Year Day Day 0 8 10 0

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	
250000	
£0.25	
29.8536275p	

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:

Con	sideration for which
the	shares were allotted
(This	s information must be supported by
tho	tuly stamped contract or by the duli

% that each share is to be

treated as paid up

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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When you have completed and signed the form send it to ne Registrar of Companies at:

ompanies House, Crown Way, Cardiff CF14 3UZ or companies registered in England and Wales

DX 33050 Cardiff

ompanies 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 MR KEVIN ALLEN HUW PARRY	Class of shares Number allotted allotted		
Address 85 CAMBRIDGE STREET,	ORDINARY	250,000	
LONDON		L	
UK Postcode S M 1 V 4 P Y		L	
Name	Class of shares allotted	Number allotted	
Address	-		
	_		
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address	-		
	_		
UK Postcode		. L	
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		
Signed KANTA D	ate 6 9 0	٦,	
A director / secretary / administrator / administrative receiver / receiver manager / rec	eiver Please	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.

Karin	TICLEAN		
		Tel alo 7710 (14/	
DX number		DX exchange	