

for the record

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

1000608

Company name in full

	
MANAGEMENT CONSULTING	GROUP 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 Dav Month Year Day Month Year 2 0,0

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	
15000	
5p	
25p	

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)

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

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



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

Shareholder details	Shares and share	class allotted
Name MR DAVID HAND	Class of shares allotted	Number allotted
Address 24/26 VICTORIA STREET	ORDINARY	_, 15,000
FITZROY, VICTORIA 3065 AUSTRALIA		L
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode L L L L L L		L.—.—.—. ——.—.—
Name	Class of shares allotted	Number allotted
Address		ı
		L
UK Postcode LLLLL		
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode LLLLL	\ \	
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode L L L L L L		- 1
Please enter the number of continuation sheets (if any) attached to the	is form	
MAISIL		
A director / secretary / administrator / administrative receiver / receiver manager / pu	Date Please	e delete as appropria
Please give the name, address,	\1 ~u ·	
telephone number and, if available, a DX number and Exchange of the	11 Hew Teffer han	٠٤,
person Companies House should contact if there is any query.	Tel	

DX number

DX exchange