

## Return of Allotment of Shares

CHFPO83

Company Number

1047315

Company name in full

Glaxo Wellcome plc.

Shares allotted (including bonus shares):

Page 1 of 2

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
01	09	2000			

Day	Month	Year

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	Ordinary	Ordinary
5600	5420	7950
£0.25	£0.25	£0.25
£6.33	£7.45	£8.19

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

DX235  
Edinburgh



Shareholder details	Shares and share class allotted	
Name _____  Address _____ _____  UK Postcode	Class of shares allotted _____ _____ _____ 	Number allotted _____ _____ _____ 
Name _____  Address _____ _____  UK Postcode	Class of shares allotted _____ _____ _____ 	Number allotted _____ _____ _____ 
Name _____  Address _____ _____  UK Postcode	Class of shares allotted _____ _____ _____ 	Number allotted _____ _____ _____ 
Name _____  Address _____ _____  UK Postcode	Class of shares allotted _____ _____ _____ 	Number allotted _____ _____ _____ 
Name _____  Address _____ _____  UK Postcode	Class of shares allotted _____ _____ _____ 	Number allotted _____ _____ _____ 

Please enter the number of continuation sheet(s) (if any) attached to this form :

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Tel	
DX number	DX exchange