

Return of Allotment of Shares

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

Company Number

2	7	2	3	53	4
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Company name in full	ASTRAZENECA PLC					
Shares allotted (including bonus	s shares):					
	From	То				
Date or period during which shares were allotted	Day Month Year	Day Month Year				
(If shares were allotted on one date enter that date in the "from" box)	2,30,52,0,0,1					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	17,439					
Nominal value of each share	17,439 us\$0.25 £34.62					
Amount (if any) paid or due on each share (including any share premium)	£34.62					
List the names and addresses of the a	illottees and the number of shares allot	ted 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 the Registrar of Companies at:	-				



Form revised January 2000

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

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

Shareholder d	Shares and share	class allotte	
Name APOLCO NOMIA DESIG. DEP	IEES LIMITED	Class of shares allotted	Number allotted
Address / FINSBURY			
LONDON		ORDINARY	17439
			<u> </u>
UK Pos	stcode EC2M2PA	L	L
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Pos	stcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
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UK Pos	stcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address	· · · · · · · · · · · · · · · · · · ·		
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UK Pos	stcode	L	L
Name		Class of shares allotted	Number allotted
Address			
<u> </u>			L
<u>L_:</u>			L
UK Po	stcode LLLLLL	<u> </u>	L
Please enter the number of continua	tion sheets (if any) attached to t	this form	
signed	_ '	Q3-5-C)
A director / secretary / administrator / adm	ninistrative receiver / receiver manager /		delete as app r opriat
Please give the name, address,			
elephone number and, if available, a DX number and Exchange of the			·····
person Companies House should contact if there is any query.		Tal	
That is allow to dily quoty.		Tel	