

88(2) Return of Allotment of Shares

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

Company Number

Company name in full

2723534		 	5	
ASTRAZENECA	PLC	 		_
		 	 	_

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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 Day Month Year Day Month Year 0 8 1 1 2 0 0 0						
Class of shares (ordinary or preference etc) Number allotted	0RDINARY 16,014						
Nominal value of each share	\$us0.25						
Amount (if any) paid or due on eac share (including any share premium)	h £34.07						
List the names and addresses of the	e 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 and it to						



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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details	Shares and share class allotted		
Name APOLLO NOMINEES LIMITED DESIG. DEP.	Class of shares allotted	Number allotted	
Address FINSBURY AVENUE			
LONDON ECZM 2PA	ORDINARY	16,014	
		- L	
UK Postcode ECZMZCLA			
Name	Class of shares allotted	Number allotted	
Address	a state of the sta	· · · · · · · · · · · · · · · · · · ·	
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UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
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Name	Class of shares allotted	Number allotted	
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Name	Class of shares allotted	Number allotted	
Address			
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UK Postcode			
Please enter the number of continuation sheets (if any) attached to this	form		
Signed AUK (AUTHORISED SIGNATORY) DO	ate 8 NOVEMBE	R 2000	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	eiver Please de	elete as app r opriate	
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