

Return of Allotment of SI

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

Company Number

Company name in full

272	3534	

ASTRAZENECA

Shares	allotted i	(including	bonus	shares') :
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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 Month Year Day

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	
21,832	671	
\$uso-25	\$uso.25	
£3542	£1933	

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 For companies registered in England and Wales

DX 33050 Cardiff

COMPANIES HOUSE 17/10/00

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

Form revised January 2000

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

Shareholder	Shares and share of	lass allotted	
Name A POLLO NOMI L DESIG. DEP	NEE LIMITED	Class of shares allotted	
Address FINSBURY		a trip or a sign	in the second se
LONDON		ORDINARY	22,503
			<u> </u>
UK Po	ostcode EC2M2PA		
Name		Class of shares allotted	Number allotted
Address			
UK P	ostcode	3	
Name		Class of shares allotted	Number allotted
Address		 	
			<u> </u>
UK P	ostcode		
Name		Class of shares allotted	Number allotted
Address			
			1
UK Pe	ostcode		
Name		Class of shares allotted	Number allotted
Address			
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UK P	ostcode L L L L L	L	
Please enter the number of continu	ation sheets (if any) attached to the	nis form	
A	and one to the any and one to the		
igned ANKUP [/	AUTHORISED SIGNATORY	Date 11-10-00	
- //	ministrative receiver / receiver manager / r		elete as app r opriate
lease give the name, address,			
elephone number and, if available,			<u> </u>
DX number and Exchange of the erson Companies House should		: :	
ontact if there is any query.		Tel	
	DV number	- · · · · · · · ·	
	DX number	DX exchange	