

Return of Allotment of Shares

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

Company Number

Company name in full

2723534			
AstraZeneca PLC			

	7.001.002.1.20					
Shares allotted (including bonus 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)	1,01,02,0,0,1					
Class of shares (ordinary or preference etc)	Ordinary					
Number allotted	31709					
Nominal value of each share	US\$0.25					
Amount (if any) paid or due on ea share (including any share premium)	£30.90					
List the names and addresses of t	the allottees and the number of shares allo	otted 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)	y					

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

COMPANIES HOUSE

16/10/01

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

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

Shareholder details	Shares and share	class allotte
Name Apollo Nominees Limited, Desig. DEP	Class of shares allotted	Number allotted
Address 1 Finsbury Avenue	Ordinary	31,709
UK Postcode E C 2 M 2 P A	_	<u> </u>
Name	Class of shares allotted	Number allotted
Address		t
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		L
UK Postcode	_ L	L
lame	Class of shares allotted	Number allotted
Address		
UK Postcode L L L L L L		L
ame	Class of shares allotted	Number allotted
ddress		
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this f	form	
aned A director / secretary / administrator / administrative receiver / receiver manager / receiver	/ /	elete as appropriate
ease give the name, address, ephone number and, if available, DX number and Exchange of the		
rson Companies House should ntact if there is any query.	Tel	

DX number

DX exchange