

Please complete in typescript, or in bold black capitals. CHFP041

## 88(2) Return of Allotment of Shares

Company Number	02798607 NHP PLC			
Company name in full				
Shares allotted (including bonus shar	es):			
	From		То	
Date or period during which shares were allotted	Day Month Yea	ar Day	Day Month Year	
(if shares were allotted on one date enter that date in the "from" box.)	1 9 0 8 2 0	0 3		
Class of shares ordinary or preference etc.)	ORDINARY	ORDINARY	ORDINARY	
Number allotted	67,000	736,352	237,800	
Nominal value of each share	1P	1P	1P	
Amount (if any) paid or due on each share (including any share premium)	44.75P	40.00p	82.00p	
List the names and addresses of the a	allottees and the numbe	er of shares allotted to	each overleaf	
f the allotted shares are fully o	or partly paid up oth	erwise than in cas	sh please state:	
% that each share is to be treated as paid up		· : :		
trouted as para up				
Consideration for which the shares were allotted				
This information must be supported by			, <u></u>	

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

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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 DX 235 for companies registered in Scotland Edinburgh

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

Shareholder details		Shares and share class allotted	
Name MARTIN PATRICK JOYCE		Class of shares allotted	Number allotted
Address			
L31 ROYAL TERRACE		ORDINARY	1,041,152
EDINBURGH		ļ L	_
UK Postcode	EHZLSAH		- L
Name		Class of shares allotted	Number allotted
Address			
		L	<u> </u>
		L	_
UK Postcode	<u> </u>		_
Name		Class of shares allotted	Number allotted
Address			
			_
			_
UK Postcode			_
Name		Class of shares	Number
		allotted	allotted
Address			
			· -
UK Postcode		t	- L
Name		Class of shares allotted	
		anotted	allotted
Address			
UK Postcode			
Please enter the number of continuation s	heet(s) (if any) attached to thi	s form	
	-		
Signed	Date <u>≪</u> c	2.08.2003	
A diseasor / secretary / administrator / administrative mand	ger / receiver mantager / receiver	Please delete as a	ppropriate
Please give the name, address,	S. KAUL, BLOCKA, UPI		
a DX number and Exchange of the	·	•	
person Companies House should	5 COURT, DUKE STREET		U215BH
contact if there is any query.	Tel <sub>Ø (</sub>	483 754 760	
DX nu	ımber DX exchai	nge	   