

Return of Allotment of Shares

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

2920061

Company name in full

IMAGINATION TECHNOLOGIES GROUP PLC

Shares allotted (including bonus shares):						
	From		٦	Го		
Date or period during which	Day Month Y	'ear	Day Month	Year		
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	0 3 0 2 2 0	0 5				
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	18810					
Nominal value of each share	£0.10					
Amount (if any) paid or due on each share (including any share premium)	51.5p	,				
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)						



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

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	Shareholder details		Shares and share class allotted		
Name DR GRAHAM WACEY		Class of shares allotted	Number allotted		
Address SOUTHEND COTTAGE,		ORDINARY	,18,810		
LLANGWM, USK, MONMOUTHSHIRE					
UK Pos	stcode NP151HG				
Name		Class of shares allotted	Number allotted		
Address					
LIK Pos	stcode				
lame Class of shares allotted		I	Number allotted		
Address					
L		_	<u> </u>		
UK Pos	stcode	L	L		
Name		Class of shares allotted	Number allotted		
Address					
UK Pos	stcode		L		
Name		Class of shares allotted	Number allotted		
Address			T		
			L		
UK Pos	stcode L L L L L L L L L L L L L L L L L L L				
Please enter the number of continua	tion sheets (if any) attached to thi	s form			
	CM				
Signed	· Selly 1	Date6.05.0	5		
A director / secretary / administrator / adm	inistrative receiver / receiver manager (re	ceiver Please de	elete as appropriate		
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			