

Return of Allotment of Shares

88(2)

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

**Company Number** 

2920061

Company name in full

IMAGINATION TECHNOLOGIES GROUP PLC	

Shares allotted (including bonus	shares):		
	From	То	
Date or period during which	Day Month Year	Day Month Year	
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	2 8 0 2 2 0 0 6		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	61534		
Nominal value of each share	£0.10		
Amount (if any) paid or due on each share (including any share premium)	0.215		
List the names and addresses of the al			
If the allotted shares are fully or	partiy paid up otherwise than i	n 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:

A56 #AP3ANF9N# 577
COMPANIES HOUSE 09/05/2006

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Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales DX 33050 Cardiff

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 details	Shares and share class allotted	
Name CAZENOVE NOMINEES LIMITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 142CN MEMBER ACCOUNT ESOS	ORDINARY	61,534
20 MOORGATE, LONDON	_	
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		1
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		_
UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	-	
	_   -	
UK Postcode		
Please enter the number of continuation sheets (if any) attached to thi	s form	
lange la valle	Date	5-06
A director / secretary / administrator administrative receiver / receiver manager / re	cei⊽er Pleas	e delete 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	<u> </u>