

Return of Allotment of Shares

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

Company Number	2920061	•	
Company name in full	IMAGINATION TECHNOLOGIES GROUP PLC		
Shares allotted (including bo	nus 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)	2 4 0 8 2 0 0 6	5	
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	50000		
Nominal value of each share	£0.10		
Amount (if any) paid or due on each share (including any share premium)	ch 47p		
List the names and addresses of th	ne allottees and the number of shares	allotted to each overleaf	
If the allotted shares are fully	or partly paid up otherwise tha	nn in cash please state:	
% that each share is to be treated as paid up			



Consideration for which the shares were allotted

contract is not in writing)

(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

> 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 details	Shares and share class allotted	
Name CAZENOVE NOMINEES LIMITED	Class of shares allotted	Number allotted
Address PARTICIPANT ID 142CN MEMBER ACCOUNT ESOS	ORDINARY	50,000
20 MOORGATE, LONDON		
UK Postcode E C 2 R 6 D A		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode	Ē	L
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		
Please enter the number of continuation sheets (if any) attached to the	nis form	
signed Suthernewelly	Date 14-09	1-06
A director / secretary / administrator / administrative receiver receiver manager / recei	receiver Please	e delete as appropriate
Please give the name, address, relephone number and, if available,		
a DX number and Exchange of the	· · · · · · · · · · · · · · · · · · ·	
person Companies House should	Tel	
DX number	DX exchange	