

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):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 2 3 0 4 2 0 0 7				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	15000				
Nominal value of each share	10P				
Amount (If any) paid or due on ear share (including any share premium)	ch 36P				
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 details		Shares and share	Shares and share class allotted	
Name CAZENOVE NOMINEES LIMITED A	/C ESOS	Class of shares allotted	Number allotted	
Address 20 MOORGATE,LONDON		ORDINARY	15,000	
UK Postc	ode EC2R6DA			
Name		Class of shares allotted	Number allotted	
Address			L	
UK Postc	ode		L	
Name		Class of shares allotted	Number allotted	
Address			·	
			1	
UK Posto	ode LLLLLL			
Name		Class of shares allotted	Number allotted	
Address	-			
UK Posto	ode LLLLLL		L	
Name		Class of shares allotted	Number allotted	
Address				
All Control				
UK Posto	ode LLLLLL			
Please enter the number of continuation	n sheets (if any) attached to th	LJ		
agned Advector / secretary / administrator / administrator / administrator	Strative receiver freceiver manager / r	Date 8-5-	o + delete as appropriate	
lease give the name, address, elephone number and, if available,				
DX number and Exchange of the erson Companies House should ontact if there is any query		Tel		
, , ,	DX number	DX exchange		