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Please complete in typescript, or in bold black capitals CHW P000				Poturn of A	(Revised 2005)	
Company Number	02920061			keturii oi A	Allounient of Shares	
Company name in full	IMAGINATION	GINATION TECHNOLOGIES GROUP PLC				
Shares allotted (including bonus (see Guidance Booklet GBA6)	s shares)	Erom			To	
Date or period during which	D-	From		To Day Month Year		
shares were allotted	Da	-	Year	Day M	onin rear	
(If shares were allotted on one date enter that date in the "from" box)	1	5 0 5 2 0	0 8			
Class of shares (ordinary or preference etc)	ORDINA	ARY				
Number allotted	25000					
Nominal value of each share	10P					
Amount (if any) paid or due on share (including any share premium)	134.50					
					f the allottees and the otted to each overleaf	
If the allotted shares (including to cash please state.	oonus shares					
% that each share is to be treated as paid up						
% (if any) that each share is to be paid up in cash						
Consideration for which the shares were allotted (This information must be supported the original or a certified copy of the contract or by Form 88(3) if the contract						
			·····			

09/2005



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A27 11/07/2008 **COMPANIES HOUSE**  When you have completed and signed the form please send it to the Registrar of Companies at

Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

## . , Names and addresses of the allottees

Shareholder o		Shares and share	class allotted
Name(s) CAZENOVE NOMINEES LIMITED A/C ES	os	Class of shares allotted	Number allotted
Address 20 MOORGATE, LONDON		ORDINARY	25,000
UK Posto	ode EC2R6DA	_	L
Name(s)		Class of shares allotted	Number allotted
Address		_	
UK Posto	ode		
Name(s)		Class of shares allotted	Number allotted
Address			
			L
UK Posto	ode cccccc	L	L
Name(s)		Class of shares allotted	Number allotted
Address			
UK Posto	ode <u> </u>	L	
Name(s)		Class of shares allotted	Number allotted
Address			
		_	
UK Posto	ode LLLLLL		L
Please enter the number of continuation	n sheets (if any) attached to thi	s form	1
gned A director / secretary / administrator /	nistrative receiver / eceiver /	Date 21 05 Please delete as appropriate	08
ontact Details ou do not have to give any contact			
formation in the box opposite but if but do, it will help Companies House to			
ontact you if there is a query on the rm. The contact information that you we will be visible to searchers of the		Tel	
ublic record	DX number	DX exchange	