PLEASE COMPLETE IN TYPESCRIPT OR IN **BOLD BLACK CAPITALS** 

## **Return of Allotment of Shares**

HFP083	•			
ompany Number	3539413 Parity Group plc			
ompany name in full				
•				
Shares allotted (including bonu	s shares):			
	From	То		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.)	Day Month Year 2 6 1 0 2  0  0  0	Day Month Year		
oner that date white now box.				
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	29,484			
Nominal value of each share	5p			
Amount (if any) paid or due on each share (including any share premium)	£1.85			
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 c	ash 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	E22,319.39			
the duly stamped contract or by the duly stamped particulars on Form 88(3) if the				

0614 11/11/00 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

**DX235 Edinburgh** 

Shareholder details	l and the second second	Sinares and share class allotted	
Name PARITY GROUP QUEST TRUSTEE LIMITED	Class of shares allotted	Number allotted	
Address 16 ST MARTIN'S LE GRAND	ORDINARY	29,484 L	
LONDON			
UK Postcode   E  C  1  A  4  N  A	L		
Name L	Class of shares allotted	Number allotted	
Address L		1	
<u>L</u>			
UK Postcode L L L L L L		L	
Name L	Class of shares allotted	Number allotted	
Address			
<u>L</u>		<u> </u>	
UK Postcode L L L L L		<b></b>	
Name L	Class of shares allotted	Number allotted	
Address			
<u>L</u>			
UK Postcode L L L L L L		L	
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode [   _   _   _   _	TOTAL	29,484	
Please enter the number of continuation sheet(s) (if any) attached to this	s form :		
A director / secretary / administrator / administrative receiver / receiver manager / receiver	atePlease del	ete as appropriate	
ease give the name, address, Phone number and, if available,	RS THE CAUSEWA	.Y	

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.

LLOYDS TSB R	EGISTRARS	THE CAUSEWAY	
WORTHING	WEST SUSSE	X BN99 6DA	
EMPBEN/DHX60/L	12	Tel 01903 833212	
DX number	DX	exchange	