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

HFPO83	Return of Allotment of Share			
Company Number	3716736			
Company name in full	ISOFT GROUP PLC			
Shares allotted (including bonu	ıs shares):			
	From To			
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 5 1 0 2 0 0 4			
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	43,929			
Nominal value of each share	10p			
Amount (if any) paid or due on each share (including any share premium)	295.67p			
List the names and addresses of t	the allottees and the number of shares allotted to each overleaf			
If the allotted shares are fully o	r 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.)				

A44 COMPANIES HOUSE

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

DX235 Edinburgh

Names and addresses of the allottees	(List joint share allotments consecut	vely)
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Shareholder details Shares and share class			class allotte
Name Pershing Keen Nominee	s Limited Desig:-HGCF / Part ID:-601	Class of shares allotted	Number allotted
Address Capstan House, One C	love Crescent	Ordinary	43,929
East India Dock			l
LONDON	e L EL 1L 4L L 2L BL H	<u> </u>	L
Name		Class of shares allotted	Number allotted
Address			ı
		1	
UK Posi	code LLLLLL	\	<u> </u>
Name		Class of shares allotted	Number allotted
Address			t
			l
	icode [_ [_ [_ [_ [_ [_	<u> </u>	l
Name		Class of shares allotted	Number allotted
Address			ł
)			
	stcode L L L L L L	l	
Name		Class of shares allotted	Number allotted
Address [TOTAL	43,929
1			<u> </u>
UK Posi	uation sheet(s) (if any) attached to this form	:	<u> </u>
ned recipient Al. Hi director / secretary/administrator/administr	U Date	OUIU/C4- Please dele	te 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.

LLOYDS TSB REGISTRARS TH	E CAUSEWAY	
WORTHING WEST SUSSEX	3N99 6DA	
ESP-EXEC./ARM/E9324	Tel: 01903 833161	
DX number DX ex	DX exchange	