

Please complete in typescript, or in bold black capitals.
CHFP041

## 88(2) Return of Allotment of Shares

Company Number	04098226		
Company name in full	CARDPOINT PLC		
Shares allotted (including bonus share	s):		
Date or period during which shares were allotted (if shares were allotted on one date enter that date in the "from" box.)	From  Day Month Year  2   8   0   8   2   0   0   3	To  Day Month Year	
Class of shares (ordinary or preference etc.)	ORDINARY		
Number allotted	98,591		
Nominal value of each share	£0.05		
Amount (if any) paid or due on each share (including any share premium)	£0.355		
List the names and addresses of the a	allottees and the number of shares	s allotted to each overleaf	
If the aliotted shares are fully o	r partly paid up otherwise th	nan 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)			

\*AG7GU063\*

COMPANIES HOUSE Form Revised January 2000

10/09/03

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 DX 235 for companies registered in Scotland Edinburgh

## Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name LIM NOMINEES LIMITED		Class of shares allotted	Number allotted
Address			
L 57-63 LINE WALL ROAD		ORDINARY	98,591
GIBRALTAR		L	_
UK Po	ostcode L L L L L L		
Name		Class of shares allotted	Number allotted
Address			
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UK Po	stcode L L L L L L		_ L
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Address			
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UK Po	stcode LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
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	ostcode L L L L L L	<u> </u>	
Name		Class of shares allotted	Number allotted
Address			
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UK Po	ostcode LLLLL	<u> </u>	
Please enter the number of continu	ation sheet(s) (if any) attached to the	nis form	
Signed Atula	Date		
A director / secretary / administrator / administ		Please delete as a	ppropriate
Please give the name, address,			
telephone number and, if available, a DX number and Exchange of the		A second	
person Companies House should contact if there is any query.	Tel		
	DX number DX excha	ange	
	DA Hamber		