

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

4098226

Company name in full

CARDPOINT PLC	

Shares allotted (including bo	nus shares):
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Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

	Fror	n		Te	O
Day	Month	Year	Day	Month	Year
2 0	0 4	2 0 0 7			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY		
40000		
5P		

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)

10/05/2007 **COMPANIES HOUSE**

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 de	etails	Shares and share	class allotted
Name PERSHING KEEN NOMINEES LIM	NITED A/C LMCLT	Class of shares allotted	Number allotted
Address CAPSTAN HOUSE, ONE CLOVE CRESC	CENT, EAST INDIA DOCK,	ORDINARY	40,000
	tcode E 1 4 2 B H		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Post	tcode L L L L		L
Name		Class of shares allotted	Number allotted
Address			<u></u>
UK Posi	tcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address		L	
UK Pos	tcode	L	
Name		Class of shares allotted	Number allotted
Address		L	L
UK Pos	tcode	L	<u> </u>
Please enter the number of continuati	on sheets (if any) attached to this fo	orm	
Signed A director / secretary \administrator / admin	Date		delete as appropriate
Please give the name, addrese; telephone number and, if available,			
a DX number and Exchange of the person Companies House should contact if there is any query		Tel	
	DX number	DX exchange	