

Please complete in typescript, or in bold black capitals **CHFP029**

88(2)

Return of Allotment of Shares

Company Number	04130898 Aurora Corporate Services Limited		
Company name in full			
Shares allotted (including bor	nus shares):		
Date or pariod during which	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	Day Month Year	
	3 0 9 2 0 0 3		
Class of shares fordinary or preference etc)	Ord.£1 Shares		
Number allotted	98		
Nominal value of each share	£ 1.00		
Amount (if any) paid or due on each share (including any share premium)	£ 5,326.76		
List the names and addresses of th	e allottees and the number of shares allotte	d to each overleaf	
f the allotted shares are fully	or partly paid up otherwise than in o	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)			

A12 COMPANIES HOUSE 07/10/03

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 **DX 235** For companies registered in Scotland Edinburgh

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

Shareholder details	Shares and share	Shares and share class allotted	
Name CAPITA INSURANCE SERVICES LIMITED	Class of shares allotted	Number allotted	
Address 71 VICTORIA STREET, LONDON, ENGLAND	Ord.£1 Shares	(98	
UK Postcode ເຮັເຟັ່ງ H ເວັເX ເA			
Name	Class of shares allotted	Number allotted	
Address	anotted	allotted	
UK Postcode L L L L L			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode LLLL			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
			
Please enter the number of continuation sheets (if any) attached to	<u></u>		
A director / scoretary / administrator / administrative receiver / receiver manager / re		delete as appropriate	
Please give the name, address, MALCOLM AYLING, AURORA CO	ORPORATE SERVICES LIMITED.	4TH FLOOR, 40 DUKE	
relephone number and, if available, a DX number and Exchange of the			
person Companies House should	Tel 0870 402 7389		
ontact if there is any query.	DX number DX exchange		

DX number

DX exchange