

Return of Allotment of Shares

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

Company Number

4150579

PSIMEI PHARM	IACEUTICALS PLC	

Company name in full	SIMEI PHARMACEUTICALS PLC		
Shares allotted (including bor	nus shares):		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 0 1 1 1 2 0 0 1		
Class of shares (ordinary or preference etc)	Ordinary		
Number allotted	2000		
Nominal value of each share	£1.00		
Amount (if any) paid or due on each share (including any share premium)	ch £5.00		
List the names and addresses of th	e 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)			



A50 COMPANIES HOUSE

16/04/02

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 details	Shares and share class allotted			
Name Madam Low Ee Hwee	Class of shares allotted	Number allotted		
Address 167c Hillcrest Road, Singapore, 289040	Ordinary	2000		
UK Postcode	L			
Name	Class of shares allotted	Number allotted		
Address	-			
	_	L		
UK Postcode ∟∟∟∟∟∟	L	L		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode		L		
Name	Class of shares allotted	Number allotted		
Address	- [
	-			
UK Postcode உடடடடட	L	L		
Name	Class of shares allotted	Number allotted		
Address				
L	_			
UK Postcode				
Please enter the number of continuation sheets (if any) attached to this	form			
3	ate 12 April 200			
A director / secretary / administrator / administrative receiver / receiver manager / rec	eiver <i>Please</i>	delete as appropriate		
Please give the name, address, elephone number and, if available, DX number and Exchange of the				
person Companies House should contact if there is any query.	Tel			

DX number 36318

DX exchange Esher