

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

88(2) Return of Allotment of Shares

Company Number	4397784		
Company name in full	NTRUST SYSTEMS LIMITED		
hares allotted (including bonus sha	res);		
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 19032000	To Day Month Year	
Class of shares fordinary or preference etc.)	CRANARY		
Number allotted	100.		
Nominal value of each share	E		
Amount (if any) paid or due on each share (including any share premium)	£\		
List the names and addresses of the	e allottees and the number of share	s allotted to each overleaf	
If the allotted shares are fully	or partly paid up otherwise t	han in cash please state:	
% that each share is to be treated as paid up			
Consideration for which			
the shares were allotted			

A27 *A8X04AE7* 0604
COMPANIES HOUSE 30/04/02

Form Revised January 2000

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 RUSSELL MCKER	rzie	Class of shares Number allotted allotted		
Address				
BR LAGHAM PARK		GISDINGURY	40	
SOUTH GODSTONE		. L		
UK Po	stcode RHBLBER			
Name		Class of shares	Number allotted	
DIPESH JOSHI				
Address		, 30		
16 DRINTWATER ROAD		DISDINOISISA		
SOUTH HARROW				
UK Po				
Name		Class of shares allotted	Number allotted	
L EBIC MHITEHER	anotteu	allotted		
Address			7.0	
L WEST PARK FARI	[CBDIMARY	. <u></u>		
UNGFIELD SURREY		L		
UK Postcode 区出注上区出工				
Name		Class of shares allotted	Number allotted	
Address				
	1	,]		
UK Postcode L L L L L				
Name		Class of shares allotted	Number	
		anotted	allotted	
Address				
	L			
		L	. [
UK Postcode L L L L L L			<u> </u>	
Please enter the number of continu	uation sheet(s) (if any) attached to this	s form		
Signed	15/4/02			
A director / secretary / administrator / administ	Please delete as ap	ppropriate		
Please give the name, address,				
telephone number and, if available,	TERESA MOON MILLSTONE COTTAGE			
a DX number and Exchange of the				
person Companies House should	CRIPREGATE LANG SOUTHWATER			
contact if there is any query.	DX number DX exchange			