PLEASE COMPLETE IN TYPESCRIPT OR IN BOLD BLACK CAPITALS

CHFPO83		Return of Allotment of Shares
Company Number	5310128	
Company name in full	O2 pic	
Shares allotted (including bonus	s shares): Placing of shares	
Date or period during which	From	То
shares were allotted (If shares were allotted on one date	Day Month Year 17 03 2005	Day Month Year
enter that date in the "from" box.)		
Class of shares (ordinary or preference etc)	Ordinary	
Number allotted	299,500,644	
Nominal value of each share	80 Pence	
Amount (if any) paid or due on each share (including any share premium)		
List the names and addresses of the	ne allottees and the number of sha	res allotted to each overleaf
If the allotted shares are fully or	partly paid up otherwise than in	n cash please state:
% that each share is to be treated as paid up	100%	
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.)		
	When you have completed a the Registrar of Companies	and signed the form send it to
Companies house receipt date barcode	Companies House, Crown Way, C	Cardiff CF14 3UZ DX 33050 Cardiff
washous Day	3 House, 37 Castle Terr ies registered in Scotlar	race, Edinburgh EH1 2EB DX235 nd Edinburgh
COMPANIES HOUSE	18/05/05	
AUS COMPANIES HOUSE	0639 21/04/05	

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

Shareholder details ,		Shares and share	Shares and share class allotted	
Name *	•	Class of shares	Number allotted	
CAZENOVE NOMINEES LIMITED	DESIG: PLACING	Ordinary 80 pence	299,500,644	
Address 20 MOORGATE, LONDON				
LIK Postroda	E C 2 R 6 D A		<u> </u>	
Name		Class of shares	Number	
L		allotted	allotted	
Address		_		
<u> </u>		_		
UK Postco	ode _ _ _ _ _ _ _ _	1		
Name		Class of shares allotted	Number allotted	
Address				
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		Class of shares	Niverber	
Name		Class of shares allotted	Number allotted	
Address I		_ ,	1	
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UK Posto	code	ļ		
Name		Class of shares allotted	Number allotted	
Address				
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	ode L L L L L			
Please enter the number of continu	ation sheet(s) (if any) attached to the	his form :		
ned		Date 12 April 20)OS	
A director / secretary / administrator / administrat	ive receiver / receiver manager / receiver		lete as appropriate	
ase give the name, address, phone number and, if available,	Jeff Gouws, Lloyds TSB Regis	trars		
sprione number and, it available, X number and Exchange of the son Companies House should	The Causeway, Worthing, Wes	st Sussex, BN99 6DA		
ntact if there is any query.		Tol. 01903	700004	