coact
Company Secretarial and Compliance Software

88(2)

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.
CHFP010

Company Number 154044

Company Name in full NORWICH CITY FOOTBALL CLUB PLC

Shares allotted (including bonus shares):

Date or period during which shares were allotted
(if shares were allotted on one date enter that date in the "from" box)

	From Day	From Month	From Year	To Day	To Month	To Year
	09	02	2004			

Class of shares *(ordinary or preference etc)*	"B" PREFERENCE		
Number allotted	5		
Nominal value of each share	£1.00		
Amount (if any) paid or due on each share *(including any share premium)*	£100.00		

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)

A2Z6RSQC
A08 0599
COMPANIES HOUSE 19/02/04

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 SAMUEL HOLLINGER Address HOLLINGER PRINT, 12 BURNT ROAD, SWEET BRIAR ROAD IND EST, NORWICH UK postcode NR15 1NS	Class of shares allotted	Number allotted
	£1.00 "B" PREFERENCE	5
Name Address UK postcode	Class of shares allotted	Number allotted
Name Address UK postcode	Class of shares allotted	Number allotted
Name Address UK postcode	Class of shares allotted	Number allotted

Please enter the number of continuation sheets (if any) attached to this form 0

Signed _____ **Date** 16/2/04

~~A director~~ / secretary / ~~administrator~~ / ~~administrative receiver / receiver manager / receiver~~

Please give the name, address, 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

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