

## 88(2)

Compliance Software	Return of Allotment of Shares			
Please complete in typescript, or in bold black capitals.				
CHFP010 Company Num	154044			
Company Name in	NORWICH CITY FOOTBALL CLUB PLC			
Shares allotted (including bo	nus shares):			
	From To			
Date or period during which shares were allotted	Day Month Year Day Month Year			
(if shares were allotted on one date enter that date in the "from" box)				
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	4			
Nominal value of each share	£1.00			
Amount (if any) paid or due on each share (including any share premium)	£25.00			
	ne allottees and the number of shares allotted to each overleaf or partly paid up otherwise than in cash please state:			
	or partly part 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 dul stamped contract or by the duly stamped partic on Form 88(3) if the contract is not in writing)				
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™HEX6GM3\*

A10 COMPANIES HOUSE

0747 10/12/02

When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB For companies registered in Scotland DX 235 Edinburgh

DX 33050 Cardiff

## Names and addresses of the allottees (List joint share allotments consecutively) No 154044

Shareholder details	Shares and share class allotted		
Name	<del>  </del> -	Class of shares allotted	Number allotted
PATTRICK FREAN	£	1.00 ORDINARY	4
Address 43 REDDICLIFF ROAD, PLYMSTOCK, PLYMOUTH, DEVON			
	ļ		
UK postcode PL9 9NF			
Name		Class of shares allotted	Number allotted
	{}		1
Address			
UK postcode			
Name	=	Class of shares allotted	Number allotted
			1
LAddress		<del></del>	
	}		
UK postcode		Class of shares allotted	Number allotted
		Class of shares allotted	
Address			
Address			
			_
L			
UK postcode			
Please enter the number of co	ntinuation sheet	s (if any) attached to this form	0
Signed		Date	Milloz
A director / secretary / administrator / adminis	trative receiver / rec	eiver manager / receïver	
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.			
	ļ 	Tel	
	DX number	DX exchange	