

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

88(2) Return of Allotment of Shares

	2146011 BWD SECURITIES PLC		
Company name in full			
Shares allotted (including bonus shar	res):		
Date or period during which	From	То	
shares were allotted (if shares were allotted on one date enter that date in the "from" box.)	Day Month Year 0 7 0 2 2 0 0 2	Day Month Year	
Class of shares fordinary or preference etc.)	ORDINARY		
Number allotted	505		
Nominal value of each share	10P		
Amount (if any) paid or due on each share (including any share premium)	3.57		
		s allotted to each overleaf	
share (including any share premium) List the names and addresses of the	allottees and the number of shares		
share (including any share premium)	allottees and the number of shares		
share (including any share premium) List the names and addresses of the fine allotted shares are fully of that each share is to be	allottees and the number of shares		

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		Class of shares	Number	
MRS JOAN AGNEW		allotted	allotted	
Address				
85 BALLYROBERT ROAD, BALLYCLARE		LORDINARY	1505	
BELFAST		L		
UK Po	stcode BT399RT	L	_	
Name		Class of shares	Number	
L		allotted	allotted	
Address				
L		L	_	
		L	_ L	
UK Pos	stcode L_L_L_L	<u> </u>		
Name		Class of shares	Number	
		allotted	allotted	
Address				
1		L	_ L	
UK Pos	stcode L_L_L_L_L	<u> </u>		
Name		Class of shares	Number	
		allotted	allotted	
Address				
1			1	
1		1	1	
UK Po	stcode L L L L L L		_ L	
Name		Class of shares	Number	
		allotted	allotted	
Address				
1			_ 1	
1				
UK Po	ostcode L_L_L_L_L			
Please enter the number of continu	uation sheet(s) (if any) attached to t	his form		
Signed	Date!	1-2-2002		
A director / secretary / administrator / administ	rative manager / receiver manager / receiver	Please delete as	appropriate	
Please give the name, address,	TRIRADQUIMITER	,		
telephone number and, if available,	, if available, ange of the use should WOODSC/7334ARK			
a DX number and Exchange of the person Companies House should				
contact if there is any query.				
		LI III DESCRIPTION IN A LA L		
	DX number	engewoon 7	12951	