

Please complete in typescript, or in bold black capitals. CHFP001

Return of Allotment of Shares

Company Number	3234033		
Company name in full	CAMBRIDGE ANTIBODY TELLWOLOGY GROUP PL		
Shares allotted (including bonus 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)	3,0032,0,0,1		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	1071		
Nominal value of each share	10p.		
Amount (if any) paid or due on each share (including any share premium)	£3-00.		
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	i i		
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)			
Contract is not in willing)			
	 		
	When you have completed and signed the form send it to		



Companies House, Crown Way, Cardiff CF14 3UZ Cardiff

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 For companies registered in Scotland <u>Edinburgh</u> Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted	
Name DR JULIAN CHESSHYRE	Class of shares allotted	Number allotted
Address 20A LONG FURLONG	ORDINARY 10p	1071
OVER, CAMBRIDGESHIRE		
UK Postcode CBLL ELPLS	L I	
Name L	Class of shares allotted	Number allotted
Address		
UK Postcode L L L L L		
Name	Class of shares allotted	Number allotted
Address	<u> </u>	<u> </u>
UK Postcode L L L L L	L	
Name	Class of shares alfotted	Number allotted
Address	 	
UK Postcode	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address	I	
UK Postcode L L L L L		
Please enter the number of continuation sheets (if any) attached to this for igned Date		_
A-director / secretary / administrator / administrative receiver / receiver manager / receiver	ceiver Please de	elete as appropriate
	AK MALBOUR, RO	