

Please complete in typescript, or in bold black capitals CHFP029

## 88(2)

## **Return of Allotment of Shares**

Company Number	3633621 Investec Limited		
Company name in full			
Shares allotted (including bon	uus 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 Month Year	To Day Month Year	
	2   8   1   1   2   0   0   0		
Class of shares (ordinary or preference etc)	10p Ord.		
Number allotted	499,980		
Nominal value of each share	£ 0.10		
Amount (if any) paid or due on each share (including any share premium)	£ 0.10		
List the names and addresses of the	e allottees and the number of shares allotte	d to each overleaf	
If the allotted shares are fully	or partly paid up otherwise than in o	ash 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)			
	When you have completed and the Registrar of Companies at:	signed the form send it to	



Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales DX 33050 Cardiff

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 INVESTEC BANK (NOMINEES) LIMITED		Class of shares allotted	Number allotted
Address			
2 GRESHAM STREET, LONDON, ENGLAND		10p Ord.	499,980
UK Postcod	le EC2V7QP		_
Name		Class of shares allotted	Number allotted
Address			
UK Postcoo			_
Name		Class of shares allotted	Number allotted
Address		_	
UK Postco	de LLLL LLL		
Name		Class of shares allotted	Number allotted
Address			
L		_	
UK Postco		L	
Name		Class of shares allotted	Number allotted
Address			
	<u> </u>		
UK Postco	ode LLLLLLL		
Please enter the number of continuation	n sheets (if any) attached to th	nis form	
A director / secretary / administrator / administrat	tive receiver / receiver manager / rec	eiver Please o	lelete as appropriate
Please give the name, address, elephone number and, if available, a DX number and Exchange of the	THE SECRETARY, 2 GRESHAM ST	REET, LONDON, EC2V 7QP	
person Companies House should contact if there is any query.		Tel 020 7597	4000
- and a drift doory.	DX number	DX exchange	