

for the record

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

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Com	nany	name	in full
COIL	idaniv	name	m tun

YOUGOV	LIMITED		

From

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)

Day	Month	Year	Day	Month	Year
0 6	0 5	2 0 0 0			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

Ordinary	
144300	
10p	
10p	

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)

100%			
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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 de	tails	Shares and share	class allotted
Name Balshore Investments Limited		Class of shares allotted	Number allotted
Address 28 Irish Town, Gibraltar			72150
UK Post	code		
Name Stephan Shakespeare		Class of shares allotted	Number allotted
Address 604 Gilbert House, Barbican, London		-	72150
UK Post	code E C 2 9 8 B D		
Name		Class of shares allotted	Number allotted
Address		-	
LIK Post	code		
Name		Class of shares	Number
Address		allotted	allotted
LIV Doot	and a		
Name	code LLLLLL	Class of shares	Number allotted
Address		-	
LIV Death			
Please enter the number of continuation	code	form	
signed		ate 25. Och 2012	,
A director / secretary / administrator / admin	istrative receiver / receiver manager / rece	eiver Please	delete as appropriate
Please give the name, address, elephone number and, if available, nDX number and Exchange of the			
person Companies House should contact if there is any query.		Tel	
	DX number	DX exchange	