

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Treger, Julian Andre

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Wilson, Andrew Stephen

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Adams, Mark Ian

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Doyle, Desmond Mark Christopher

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Blackwell, Norman Roy

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Button, Peter Lowther

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Avenel, Gilles Marie Pierre Louis

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlisle Place, London SW1P 1JA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Young, David

Business or Residence Address (Number and Street, City, State, Zip Code)
22 Carlise Place, London SW1P 1JA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Schroder Investment Management Limited

Business or Residence Address (Number and Street, City, State, Zip Code)
31-45 Gresham Street, London, EC2V 7DN, UK

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Active Value Fund Managers Limited

Business or Residence Address (Number and Street, City, State, Zip Code)
Rue Bonivard 12, CH-1201, Geneva, Switzerland

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Lord, Ashcroft

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Belize Corporate Services Limited, 60 Market Square, PO Box 364, Belize City, Belize, Central America

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$ _____ N/A _____
3. Does the offering permit joint ownership of a single unit? Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)
 N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

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 (Check "All States" or check individual States) All States

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity	\$ <u>0</u>	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify <u>Options for Ordinary Shares - See Note 1</u>)	\$ <u>223,080*</u>	\$ <u>0 (Note 2)</u>
Total	\$ _____	\$ _____

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>0</u>	\$ <u>0</u>
Non-accredited Investors	<u>2</u>	\$ <u>(Note 2)</u>
Total (for filings under Rule 504 only)	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
Regulation A	_____	\$ _____
Rule 504	_____	\$ _____
Total	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs	<input type="checkbox"/>	\$ <u>0</u>
Legal Fees	<input checked="" type="checkbox"/>	\$ <u>9,000</u>
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales Commissions (Specify finder's fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (identify)	<input type="checkbox"/>	\$ _____
Total	X	\$ <u>9,000</u>

Note 1: To purchase shares of The Corporate Services Group plc pursuant to The Corporate Services Group plc No. 2 Executive Share Option Scheme 2000.

Note 2: Options will vest on or after the first, second or third anniversary of their grant date, subject to the satisfaction of any performance conditions.

*Represents the exercise price of 5 UK pence per share times the total number of shares (2,860,000) underlying the total number of options granted in California (2,860,000). The conversion rate is 5 of 9 based on the exchange rate published WD97: NY 429137.1

by the Federal Reserve Board on April 4, 2003, the date the options were granted.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$214,080

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Purchase of real estate.....	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Repayment of indebtedness	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Working capital	<input type="checkbox"/>	\$__	X	\$214,080
Other (specify) _____	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
_____	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
_____	<input type="checkbox"/>	\$__	<input type="checkbox"/>	\$__
Column Totals	<input type="checkbox"/>	\$__	X	\$__
Total Payments Listed (column totals added).....			X	\$214,080

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type) The Corporate Services Group plc	Signature 	Date 14 April, 2003
Name or Signer (Print or Type) Chris Martin	Title of Signer (Print or Type) Company Secretary and General Counsel	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)