

PROOF OF CLAIM AND RELEASE

DEADLINE FOR CLAIM SUBMISSION: OCTOBER 18, 2006.



IF YOU PURCHASED IMPERIAL CHEMICALS INDUSTRIES, PLC ("ICI") AMERICAN DEPOSITORY SHARES ("ADS") LISTED ON THE NEW YORK STOCK EXCHANGE ("NYSE") DURING THE PERIOD FROM AUGUST 1, 2002 THROUGH AND INCLUDING MARCH 24, 2003, YOU ARE A "CLASS MEMBER" AND MAY BE ENTITLED TO SHARE IN THE FUNDS PAID TO SETTLE THIS LITIGATION.

EXCLUDED FROM THE CLASS ARE DEFENDANTS, PERSONS SERVING AS OFFICERS AND DIRECTORS OF ICI OR ITS SUBSIDIARIES DURING THE RELEVANT TIME PERIOD, MEMBERS OF THEIR IMMEDIATE FAMILIES, AND THEIR LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS OR ASSIGNS, AND/OR ANY ENTITY IN WHICH DEFENDANTS HAVE OR HAD A CONTROLLING INTEREST. ALSO EXCLUDED FROM THE CLASS ARE ANY PUTATIVE CLASS MEMBERS WHO EXCLUDE THEMSELVES BY TIMELY SUBMITTING A REQUEST FOR EXCLUSION IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE NOTICE (AS DEFINED BELOW).

IF YOU ARE A CLASS MEMBER, TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND SEND IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN OCTOBER 18, 2006 TO THE FOLLOWING ADDRESS:

Imperial Chemical Securities Litigation
c/o Rust Consulting, Inc., Claims Administrator
Post Office Box 24644
West Palm Beach, FL 33416

DO NOT SEND YOUR CLAIM FORM TO THE COURT, THE PARTIES OR CLASS COUNSEL. SEND YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

FAILURE TO SUBMIT YOUR CLAIM BY OCTOBER 18, 2006 MAY RESULT IN THE REJECTION OF YOUR CLAIM AND PREVENT YOU FROM RECEIVING ANY MONEY FROM THE SETTLEMENT OF THIS LITIGATION.

1. I purchased the ICI ADS listed on the NYSE between August 1, 2002 and March 24, 2003. (Do not submit this Proof of Claim if you did not purchase ICI ADS during this period).
2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action, Hearing on Proposed Settlement, Motion for Attorneys' Fees, and Right to Share in Settlement Fund (the "Notice"), or am acting for such person. I have read and understand the Notice. The terms and definitions contained in the Stipulation and Agreement of Settlement and the Notice, are incorporated by reference in this Proof of Claim and Release. I am not a Defendant in this Action or anyone excluded from the Class. I believe in good faith that I am entitled to receive a share of the Net Settlement Fund. I choose to participate in the proposed Settlement described in the Notice, and have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member, you must submit evidence of your current authority to act on behalf of that Class Member including, for example, copies of letters testamentary, letters of administration, or trust documents.)
3. I have set forth all relevant information requested below with respect to my purchase(s) and sale(s) of ICI ADS listed on the NYSE during the Class Period.
4. I have enclosed photocopies of stockbroker's confirmation slips, stockbroker's statements, portions of my tax returns, or other documents showing my purchase(s) and sale(s) of ICI ADS on the open market during the Class Period in support of my claim. (IF THESE DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
5. I understand that the information contained in this Proof of Claim is subject to verification by the Claims Administrator, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases, the Claims Administrator may condition acceptance of the claim on your production of additional information).
6. Upon the occurrence of the Effective Date, my signature on this Claim Form will constitute a full and complete release and discharge by me, my heirs, executors, administrators, successors and assigns (or, if I have submitted this Claim Form on behalf of a corporation, partnership, estate or other entity, by it and its heirs, executors, administrators, successors, and assigns) of each of the Released Parties of all Settled Claims, including all Unknown Claims.
 - (a) I, on behalf of myself and/or my present or past heirs, executors, estates, administrators, successors, assigns, employers, employees, agents, insurers, partners, principals, attorneys, financial and other advisors, investment bankers, underwriters, and lenders (or, if I have submitted this Claim Form on behalf of a corporation, partnership, estate or other entity, by it and its present or past heirs, executors, estates, administrators, predecessors, successors, assigns, parents, subsidiaries, affiliates, employers, employees, agents, insurers, directors, managing directors, officers, partners, principals, members, attorneys, financial and other advisors, investment bankers, underwriters, and lenders) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, abandon and discharge the Settled Claims (including Unknown Claims) with respect to each and all of the Released Parties.
 - (b) This release shall be of no force or effect unless and until the Court approves the Stipulation and the Effective Date of the Settlement occurs.
 - (c) I expressly waive and relinquish the provisions, rights and benefits conferred by the law of any state or territory of the United States or any jurisdiction, principle of common law, which is similar, comparable or equivalent to Section 1542 of the California Civil Code. Section 1542 of the California Civil Code provides that:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him have materially affected his settlement with the debtor.
 - (d) I acknowledge that the inclusion of "Unknown Claims" in the definition of Settled Claims, and the attendant waiver of the above rights, was separately bargained for and was a key element of the Settlement.

7. STATEMENT OF CLAIM

Name(s) of Beneficial Owner(s):

Beneficial Owner's Name

Joint Owner's Name (if any)

Address of Beneficial Owner(s):

Street No.

City

State

Zip Code

() -
Telephone No. (Day)

() -
Telephone No. (Night)

Email

Claim Type:

- Individual
 IRA Account
 Estate
 Trustee/Custodian
 Corporation
 Other (specify): _____

8. At the beginning of trading August 1, 2002, I owned _____ ICI ADS (If none, write "zero" or "0") (If other than zero, must be documented).

9. I made the following PURCHASES of ICI ADS listed on the NYSE between August 1, 2002 and March 24, 2003 (must be documented) (Persons who received ICI ADS during the Class Period other than by purchase are not eligible to submit claims for those transactions.):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Cost (including commissions, taxes, and fees)	For Office Use Only
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
TOTAL:	□□□, □□□		\$ □, □□□, □□□□.□□	

If you made more than four purchases of ICI ADS listed on the NYSE, please list the additional transactions on a separate page.

10. Between March 25, 2003 and June 20, 2003, inclusive, I purchased a total of _____ shares of ICI ADS (If none, write "zero" or "0".) (If other than zero, must be documented.)

11. I made the following SALES of ICI ADS August 1, 2002 through June 20, 2003, inclusive (must be documented):

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Earnings (net of commissions, taxes, and fees)	For Office Use Only
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
□□ / □□ / □□□□	□□□, □□□	\$ □□.□□	\$ □, □□□, □□□□.□□	
TOTAL:	□□□, □□□		\$ □, □□□, □□□□.□□	

If you made more than four sales of ICI ADS, please list the additional transactions on a separate page.

12. At the close of business on June 20, 2003, I owned _____ ICI ADS (If none, write "zero" or "0") (If other than zero, must be documented).

13. SUBSTITUTE FORM W-9 / REQUEST FOR TAXPAYER IDENTIFICATION NUMBER:

Enter the Social Security Number (for individuals) or the Taxpayer Identification Number (for estates, trusts, corporations, etc.) of the Beneficial Owner(s). If you fail to provide this information, your claim may be rejected.

_____ Social Security No. _____ or _____ Taxpayer I.D. No.

14. Certification: UNDER THE PENALTIES OF PERJURY, I /WE CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

I/We certify that I am/we are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because:

- a. I am/We are exempt from backup withholding, or
- b. I/We have not been notified by the I.R.S. that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or
- c. The I.R.S. has notified me/us that I am/we are no longer subject to backup withholding.

If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

I hereby warrant and represent that I have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof. I hereby warrant and represent that I have full authority to execute this Proof of Claim and Release on behalf of any persons or entities holding an interest in the shares identified in this Proof of Claim during the times indicated.

Signature of Beneficial Owner(s):

Beneficial Owner / Claimant
(Printed name)
Date: _____

Joint Owner / Claimant (if any)
(Joint owner printed name)
Date: _____

If this claim is being made on behalf of joint owners, both must sign the Claim Form.

Signature of Beneficial Owner's Representative:

Representative
Date: _____

(Capacity of Representative (e.g. executor, administrator, trustee)

This Proof of Claim will be deemed submitted when posted, if sent by first class mail by October 18, 2006, and addressed in accordance with the above instructions. In all other cases, this Proof of Claim will be deemed submitted when actually received by the Claims Administrator.

If you wish to be assured that your Proof of Claim is actually received by the Claims Administrator, then you should send it by Certified Mail, Return Receipt Requested. You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

- 1. Please be sure to sign this Proof of Claim above. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- 2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- 3. Do NOT use highlighter on the Proof of Claim or any supporting documents.
- 4. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

NOTE: RECEIPT ACKNOWLEDGMENT NEEDED

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at (888) 285-7847.