

*Registered public accounting firms* must provide their annual report and any amendments thereto to the PCAOB by completing and submitting this Form according to the instructions to Form 2.

It is important to refer to the instructions when completing each item of the Form. The Firm is responsible for completing each item according to those instructions, and should not merely rely on the Firm's own interpretation of the item descriptions appearing in this Form.

Terms that appear in italics have specific defined meanings that the Firm must apply in completing this Form. The definitions are found in PCAOB Rule 1001.

**PART I - IDENTITY OF THE FIRM AND CONTACT PERSONS**

**In Part I, the Firm should provide information that is current as of the date of the certification in Part X.**

**ITEM 1.1 - NAME OF THE FIRM**

a. Firm legal name

Grant Thornton UK LLP

b. Other names used in *audit reports*

c. Former legal names

**ITEM 1.2 - CONTACT INFORMATION OF THE FIRM**

a. Physical address of the Firm's headquarters office

Country  
United Kingdom

Street address 1  
Grant Thornton House

Street address 2  
Melton Street

City  
London

State/Province

Non-U.S. State/Province

Zip/Postal code

NW1 2EP

Mailing address

Same as physical address

Country

Street address 1

Street address 2

City

State/Province

Non-U.S. State/Province

Zip/Postal code

b. Telephone number of the Firm's headquarters office (incl. country and area codes)

+44 (0)20 7383 5100

Facsimile number of the Firm's headquarters office (incl. country and area codes)

+44 (0)20 7383 4715

Website address of the Firm

<http://www.grant-thornton.co.uk>

**Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.**

<b>ITEM 1.3 - PRIMARY CONTACT WITH THE BOARD</b>	
<b>Name</b>	
Family Name (last name) Rowley	Given name (first name) Peter
<b>Business title</b>  	
<b>Physical business address</b>	<b>Business mailing address</b> <input type="checkbox"/> Same as physical address
Country United Kingdom	Country 
Street address 1 Grant Thornton House	Street address 1 
Street address 2 Melton Street	Street address 2 
City London	City 
State/Province 	State/Province 
Non-U.S. State/Province 	Non-U.S. State/Province 
Zip/Postal code NW1 2EP	Zip/Postal code 
<b>Business telephone number (incl. country and area codes)</b> +44 (0)20 7728 2725	
<b>Business facsimile number (incl. country and area codes)</b> +44 (0)20 7728 2725	
<b>Business e-mail address</b> peter.m.rowley@uk.gt.com	

**PART II - GENERAL INFORMATION CONCERNING THIS REPORT**

**ITEM 2.1 - REPORTING PERIOD**

State the reporting period covered by this report.

Note: The reporting period, which the Firm should enter in Item 2.1, is the period beginning on April 1 of the year before the year in which the annual report is required to be filed and ending March 31 of the year in which the annual report is required to be filed. That is the period referred to where this Form refers to the "reporting period." Note, however, the special instruction at the beginning of Part VIII concerning the first annual report filed by certain firms.

Start of reporting period (mm/dd/yyyy)

End of reporting period (mm/dd/yyyy)

4/1/2014

3/31/2015

**ITEM 2.2 - AMENDMENTS**

If this is an amendment to a report previously filed with the Board -

a. Indicate, by checking the box corresponding to this item, that this is an amendment.

b. Identify the specific Part or Item numbers of this Form (other than this Item 2.2) as to which the Firm's response has changed from that provided in the most recent Form 2 or amended Form 2 filed by the Firm with respect to the reporting period.

- Part I, Identity of the Firm and Contact Persons
- Part III, General Information Concerning the Firm
  - Item 3.1, The Firm's Practice Related to the Registration Requirement
  - Item 3.2, Fees Billed to *Issuer Audit* Clients
    - Item 3.2.a.1, *Audit Services*
    - Item 3.2.a.2, *Other Accounting Services*
    - Item 3.2.a.3, *Tax Services*
    - Item 3.2.a.4, *Non-audit Services*
    - Item 3.2.b, Calculation Method
    - Item 3.2.c, Estimated Percentages
  - Item 3.3, *Foreign Registered Public Accounting Firm's* Designation of U.S. Agent
  - Incomplete Responses Due to Asserted Non-US Legal Restrictions
- Part IV, *Audit Clients and Audit Reports*
- Part V, Offices and Affiliations
- Part VI, Personnel
  - Item 6.1, Number of Firm Personnel
    - Item 6.1.a, Total Number of *Accountants*
    - Item 6.1.b, Total Number of CPA's
    - Item 6.1.c, Total Number of Personnel
  - Incomplete Responses Due to Asserted Non-US Legal Restrictions
- Part VII, Certain Relationships
  - Item 7.1, Individuals with Certain Disciplinary or Other Histories
    - Item 7.1.a, Relationship Exists
    - Item 7.1.b, Individuals
  - Item 7.2, Entities with Certain Disciplinary or Other Histories
    - Item 7.2.a, Relationship Exists
    - Item 7.2.b, Entities
  - Item 7.3, Certain Arrangements to Receive Consulting or Other Professional Services
    - Item 7.3.a, Arrangement Exists
    - Item 7.3.b, Entities
  - Incomplete Responses Due to Asserted Non-US Legal Restrictions
- Part VIII, Acquisition of Another *Public Accounting Firm* or Substantial Portions of Another *Public Accounting Firm's Personnel*
- Part IX, *Affirmation of Consent*
- Part X, *Certification of Firm*

If you check this box, use the text field below to describe the error or omission in Part X as previously filed and to supply the information as it should have been provided in the previous submission. Use Part X of this amended form only to certify the amended form, not to supply corrections to the previous form.

- Part XI, Exhibits

è Exhibit 3.2, Description of Methodology Used to Estimate Components of Calculation in Item 3.2 and Reason for Using Estimates

è Exhibit 99.1, Request for Confidential Treatment

è Exhibit 99.3, Materials Required by Rule 2207(c)(2)-(4)

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**PART III - GENERAL INFORMATION CONCERNING THE FIRM**

**ITEM 3.1 - THE FIRM'S PRACTICE RELATED TO THE REGISTRATION REQUIREMENT**

a. Indicate whether the Firm issued any <i>audit report</i> with respect to an <i>issuer</i> during the reporting period.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. In the event of an affirmative response to Item 3.1.a, indicate whether the <i>issuers</i> with respect to which the Firm issued <i>audit reports</i> during the reporting period were limited to employee benefit plans that file reports with the <i>Commission</i> on Form 11-K.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. In the event of a negative response to Item 3.1.a, indicate whether the Firm <i>played a substantial role in the preparation or furnishing of an audit report</i> with respect to an <i>issuer</i> during the reporting period.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Indicate whether the Firm issued any <i>audit report</i> with respect to any <i>broker or dealer</i> during the reporting period.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. In the event of a negative response to Item 3.1.d, indicate whether the Firm <i>played a substantial role in the preparation or furnishing of an audit report</i> with respect to a <i>broker or dealer</i> during the reporting period.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**ITEM 3.2 - FEES BILLED TO ISSUER AUDIT CLIENTS**

The option to request confidential treatment for information provided in Item 3.2 is available only to *foreign registered public accounting firms*.

a. Of the total fees billed by the Firm to all clients for services that were rendered in the reporting period, state the percentage (which may be rounded, but no less specifically than to the nearest five percent) attributable to fees billed to *issuer audit* clients for—

1. <i>Audit services</i>	CA CR <input type="checkbox"/> <input type="checkbox"/>	2. <i>Other accounting services</i>	CA CR <input type="checkbox"/> <input type="checkbox"/>
0		0	
3. <i>Tax services</i>	CA CR <input type="checkbox"/> <input type="checkbox"/>	4. <i>Non-audit services</i>	CA CR <input type="checkbox"/> <input type="checkbox"/>
0		0	

b. Indicate, by checking the appropriate box, which of the following two methods the Firm used to calculate the percentages reported in Item 3.2.a –

<input checked="" type="checkbox"/> 1. The Firm used as a denominator the total fees billed to all clients for services rendered during the reporting period and used as numerators (for each of the four categories) total fees billed to <i>issuer audit</i> clients for the relevant services rendered during the reporting period.	CA CR <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 2. The Firm used as a denominator the total fees billed to all clients in the Firm's fiscal year that ended during the reporting period and used as numerators (for each of the four categories) total <i>issuer audit</i> client fees as determined by reference to the fee amounts disclosed to the <i>Commission</i> by those clients for each client's fiscal year that ended during the reporting period (including, for clients who have not made the required <i>Commission</i> filings, the fee amounts required to be disclosed).	

c. If the Firm has used a reasonable method to estimate the components of the calculations described in Item 3.2.b, rather than using the specific data, check this box and attach Exhibit 3.2 briefly describing the reasons for doing so and the methodology used in making those estimates.

<input type="checkbox"/>	CA CR <input type="checkbox"/> <input type="checkbox"/>
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Note: In responding to Item 3.2, careful attention should be paid to the definitions of the italicized terms, which are found in *Board Rules* 1001(i)(iii) (*issuer*), 1001(a)(v) (*audit*), 1001(a)(vii) (*audit services*), 1001(o)(i) (*other accounting services*), 1001(t)(i) (*tax services*), and 1001(n)(ii) (*non-audit services*). The definitions of the four categories of services correspond to the *Commission's* descriptions of the services for which an *issuer* must disclose fees paid to its auditor. Compare the descriptions of services in Item 9(e) of *Commission* Schedule 14A (17 C.F.R. § 240.14a-101) under the headings "Audit Fees," "Audit-Related Fees," "Tax Fees," and "All Other Fees" with, respectively, the *Board's* definitions of *Audit Services*, *Other Accounting Services*, *Tax Services*, and *Non-Audit Services*.

**Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.**

**ITEM 3.3 - FOREIGN REGISTERED PUBLIC ACCOUNTING FIRMS DESIGNATION OF U.S. AGENT**

a. If the Firm is a *foreign registered public accounting firm* that has designated to the *Commission* or *Board* an agent in the United States upon whom the *Commission* or the *Board* may serve any request to the Firm under Section 106 of the *Act* or any process, pleading, or other papers in any action against the Firm to enforce Section 106 of the *Act*, check here and enter the name and address of the designated agent. b

1. Agent Name	
Grant Thornton LLP	
2. Agent Address	
2a. Street Address 1	2d. State
175 West Jackson Boulevard	IL
2b. Street Address 2	2e. Zip Code
20th Floor	60604
2c. City	
Chicago	

b. If the Firm is a *foreign registered public accounting firm* and did not check the box for Item 3.3.a, indicate by checking "yes" or "no" whether the Firm has, since July 21, 2010, (1) performed material services upon which another *registered public accounting firm* relied in the conduct of an audit or interim review, (2) issued an audit report, (3) performed audit work, or (4) performed interim reviews. e Yes  
e No

Note: If the Firm checks "yes" for Item 3.3.b, the Firm must immediately provide to the *Commission* or the *Board* the designation required by Section 106(d)(2) of the *Act*.

Note: If the Firm checks "no" for Item 3.3.b, and the Firm later performs any of the activities identified in Section 106(d)(2) of the *Act*, the Firm must immediately provide to the *Commission* or the *Board* the designation required by Section 106(d)(2) of the *Act*.

Note: If the Firm has previously designated an agent for service to the *Commission* or *Board*, the Firm must immediately communicate any change in the name or address of the agent to the *Commission* or *Board*.

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part III, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

<input type="checkbox"/> 3.1.c	<input type="checkbox"/> 3.1.e	<input type="checkbox"/> 3.2.a.1	<input type="checkbox"/> 3.2.a.2	<input type="checkbox"/> 3.2.a.3
<input type="checkbox"/> 3.2.a.4	<input type="checkbox"/> 3.2.b	<input type="checkbox"/> 3.2.c	<input type="checkbox"/> 3.3.a	<input type="checkbox"/> 3.3.b

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**PART IV - AUDIT CLIENTS AND AUDIT REPORTS**

**ITEM 4.1 - AUDIT REPORTS ISSUED BY THE FIRM FOR ISSUERS**

a. Provide the following information concerning each *issuer* for which the Firm issued any *audit report(s)* during the reporting period -

1. *Issuer* name

Eros International Plc

2. *Issuer* CIK (Central Index Key) number, if any

0001532981

Check here, if none

3. Date(s) of the *audit report(s)* (mm/dd/yyyy)

6/17/2014

6/18/2014

7/7/2014

b. If the Firm identified any *issuers* in response to Item 4.1.a., indicate, by checking the box corresponding to the appropriate range set out below, the total number of Firm personnel who exercised the authority to sign the Firm's name to an *audit report*, for an *issuer*, during the reporting period. If the Firm checks the box indicating that the number is in the range of 1-9, provide the exact number.

1-9

Exact Number: 1

10-25

26-50

51-100

101-200

More than 200

Note: In responding to Item 4.1(a), careful attention should be paid to the definition of *issuer*. The Firm should not, for example, overlook the fact that investment companies may be *issuers*, or that employee benefit plans that file reports on *Commission* Form 11-K are *issuers*.

Note: In responding to Item 4.1, do not list any *issuer* more than once. For each *issuer*, provide in Item 4.1.a.3 the *audit report* dates (as described in AU 530, Dating of the Independent Auditor's Report) of all such *audit reports* for that *issuer*, including each date of any dual-dated *audit report*.

Note: In responding to Item 4.1.a.3, it is not necessary to provide the date of any consent to an *issuer's* use of an *audit report* previously issued for that *issuer*, except that, if such consents constitute the only instances of the Firm issuing *audit reports* for a particular *issuer* during the reporting period, the Firm should include that *issuer* in Item 4.1 and include the dates of such consents and indicate whether the dates provided correspond to the issuance of a consent to the use of a previously-issued *audit report* in Item 4.1.a.3.

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**ITEM 4.2 - ISSUER AUDIT REPORTS WITH RESPECT TO WHICH THE FIRM PLAYED A SUBSTANTIAL ROLE DURING THE REPORTING PERIOD**

a. If no *issuers* are identified in response to Item 4.1.a, but the Firm *played a substantial role in the preparation or furnishing of an audit report* for an *issuer* that was issued during the reporting period, provide the following information concerning each *issuer* with respect to which the Firm did so -

Note: If the Firm identifies any *issuer* in response to Item 4.1, the Firm need not respond to Item 4.2.

Note: In responding to Item 4.2, do not list any *issuer* more than once.

1. *Issuer* name

2. *Issuer* CIK (Central Index Key) number, if any

e Check here, if none

3. Name of the *registered public accounting firm* that issued the *audit report(s)*

4. The end date(s) of the fiscal period(s) covered by the financial statements that were the subject of the *audit report(s)*

5. *Substantial role played* by the Firm with respect to the *audit report(s)*

If other is selected, please enter *substantial role played* below -

1. *Issuer* name

2. *Issuer* CIK (Central Index Key) number, if any

e Check here, if none

3. Name of the *registered public accounting firm* that issued the *audit report(s)*

4. The end date(s) of the fiscal period(s) covered by the financial statements that were the subject of the *audit report(s)*

5. *Substantial role played* by the Firm with respect to the *audit report(s)*

If other is selected, please enter *substantial role played* below -

1. *Issuer* name

2. *Issuer* CIK (Central Index Key) number, if any

e Check here, if none

3. Name of the *registered public accounting firm* that issued the *audit report(s)*

4. The end date(s) of the fiscal period(s) covered by the financial statements that were the subject of the *audit report(s)*

5. *Substantial role played* by the Firm with respect to the *audit report(s)*

If other is selected, please enter *substantial role played* below -



Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**ITEM 4.3 - AUDIT REPORTS ISSUED BY THE FIRM FOR BROKERS OR DEALERS**

a. Provide the following information concerning each *audit report* issued for a *broker* or *dealer* during the reporting period –

1. *Broker's* or *Dealer's* name

2. *Broker's* or *Dealer's* CRD (Central Registration Depository) number

3. *Broker's* or *Dealer's* CIK (Central Index Key) number, if any

Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

b. If the Firm identified any *brokers* or *dealers* in response to Item 4.3.a., indicate, by checking the box corresponding to the appropriate range set out below, the total number of Firm personnel who exercised the authority to sign the Firm's name to an *audit report*, for a *broker* or *dealer*, during the reporting period. If the Firm checks the box indicating that the number is in the range of 1-9, provide the exact number.

1-9

Exact Number:

10-25

26-50

51-100

101-200

More than 200

Note: For each *audit report* provide in Item 4.3.a.3 the *audit report* dates (as described in AU 530, Dating of the Independent Auditor's Report) including each date of any dual-dated *audit report*.

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**ITEM 4.4 - BROKER OR DEALER AUDIT REPORTS WITH RESPECT TO WHICH THE FIRM PLAYED A SUBSTANTIAL ROLE DURING THE REPORTING PERIOD**

a. If no *brokers* or *dealers* are identified in response to Item 4.3.a, but the Firm *played a substantial role in the preparation or furnishing of an audit report* for a *broker* or *dealer* that was issued during the reporting period, provide the following information concerning each *broker* or *dealer* with respect to which the Firm did so –

Note: If the Firm identifies any *broker* or *dealer* in response to Item 4.3, the Firm need not respond to Item 4.4.

Note: In responding to Item 4.4, do not list any *broker* or *dealer* more than once.

1. *Broker's* or *Dealer's* name

[Redacted]

2. *Broker's* or *Dealer's* CRD (Central Registration Depository) number

[Redacted]

3. *Broker's* or *Dealer's* CIK number, if any

[Redacted]  Check here, if none

4. Name of the *registered public accounting firm* that issued the *audit report(s)*

[Redacted]

5. The end date(s) of the fiscal period(s) covered by the financial statements that were subject of the *audit report(s)*

[Redacted]

6. Substantial role played by the Firm with respect to the *audit report(s)* If other is selected, please enter substantial role played below -

[Redacted]

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part IV, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

- |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 4.2.a.1 | <input type="checkbox"/> 4.2.a.2 | <input type="checkbox"/> 4.2.a.3 | <input type="checkbox"/> 4.2.a.4 | <input type="checkbox"/> 4.2.a.5 |
| <input type="checkbox"/> 4.4.a.1 | <input type="checkbox"/> 4.4.a.2 | <input type="checkbox"/> 4.4.a.3 | <input type="checkbox"/> 4.4.a.4 | <input type="checkbox"/> 4.4.a.5 |
| <input type="checkbox"/> 4.4.a.6 |                                  |                                  |                                  |                                  |

**PART V - OFFICES AND AFFILIATIONS**

In Part V, the Firm should provide information that is current as of the last day of the reporting period.

**ITEM 5.1 - FIRM'S OFFICES**

List the physical address and, if different, the mailing address, of each of the Firm's offices.

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Water's Edge	Street address 1
Street address 2 Clarendon Dock	Street address 2
City Belfast	City
State/Province	State/Province
Non-U.S. State/Province Northern Ireland	Non-U.S. State/Province
Zip/Postal code BT1 3BH	Zip/Postal code

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Colmore Plaza	Street address 1
Street address 2 20 Colmore Circus	Street address 2
City Birmingham	City
State/Province	State/Province
Non-U.S. State/Province West Midlands	Non-U.S. State/Province
Zip/Postal code B4 6AT	Zip/Postal code

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Hartwell House	Street address 1
Street address 2 55-61 Victoria Street	Street address 2
City Bristol	City
State/Province	State/Province
Non-U.S. State/Province Avon	Non-U.S. State/Province

Zip/Postal code BS1 6FT	Zip/Postal code
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Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country Virgin Islands (British)	Country
Street address 1 PO Box 4259, 171 Main Street	Street address 1
Street address 2 2nd Floor, The Barracks, Road town	Street address 2
City Tortola	City
State/Province	State/Province
Non-U.S. State/Province British Virgin Islands	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 101 Cambridge Science Park	Street address 1
Street address 2 Milton Road	Street address 2
City Cambridge	City
State/Province	State/Province
Non-U.S. State/Province Cambridgeshire	Non-U.S. State/Province
Zip/Postal code CB4 0FY	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 11-13 Penhill Road	Street address 1
Street address 2	Street address 2
City Cardiff	City
State/Province	State/Province
Non-U.S. State/Province South Glamorgan	Non-U.S. State/Province
Zip/Postal code CF11 9UP	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
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Country Cayman Islands	Country Cayman Islands
Street address 1 2nd Floor, 48 Market Street	Street address 1 10 Market Street #765
Street address 2 Suite 4290, Canella Court, Camana Bay	Street address 2 Camana Bay
City Grand Cayman	City Grand Cayman
State/Province	State/Province
Non-U.S. State/Province Cayman Islands	Non-U.S. State/Province Cayman Islands
Zip/Postal code	Zip/Postal code KY1 9006

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 7 Exchange Crescent	Street address 1
Street address 2 Conference Square	Street address 2
City Edinburgh	City
State/Province	State/Province
Non-U.S. State/Province Scotland	Non-U.S. State/Province
Zip/Postal code EH3 8AN	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 The Explorer Building, Fleming Way	Street address 1
Street address 2 Manor Royal	Street address 2
City Crawley	City
State/Province	State/Province
Non-U.S. State/Province West Sussex	Non-U.S. State/Province
Zip/Postal code RH10 9GT	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 95 Bothwell Street	Street address 1

Street address 2	Street address 2
City Glasgow	City
State/Province	State/Province
Non-U.S. State/Province Scotland	Non-U.S. State/Province
Zip/Postal code G2 7JZ	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 80 Compair Crescent	Street address 1
Street address 2	Street address 2
City Ipswich	City
State/Province	State/Province
Non-U.S. State/Province Suffolk	Non-U.S. State/Province
Zip/Postal code IP2 0EH	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 No. 1 Whitehall Riverside	Street address 1
Street address 2 Whitehall Road	Street address 2
City Leeds	City
State/Province	State/Province
Non-U.S. State/Province West Yorkshire	Non-U.S. State/Province
Zip/Postal code LS1 4BN	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Regent House	Street address 1
Street address 2 80 Regent Road	Street address 2
City Leicester	City

State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province Leicestershire	Non-U.S. State/Province [Redacted]
Zip/Postal code LE1 7NH	Zip/Postal code [Redacted]

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country [Redacted]
Street address 1 Royal Liver Building	Street address 1 [Redacted]
Street address 2 [Redacted]	Street address 2 [Redacted]
City Liverpool	City [Redacted]
State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province Merseyside	Non-U.S. State/Province [Redacted]
Zip/Postal code L3 1PS	Zip/Postal code [Redacted]

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country [Redacted]
Street address 1 30 Finsbury Square	Street address 1 [Redacted]
Street address 2 [Redacted]	Street address 2 [Redacted]
City London	City [Redacted]
State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province [Redacted]	Non-U.S. State/Province [Redacted]
Zip/Postal code EC2P 2YU	Zip/Postal code [Redacted]

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country [Redacted]
Street address 1 Grant Thornton House, Melton Street	Street address 1 [Redacted]
Street address 2 Euston Square	Street address 2 [Redacted]
City London	City [Redacted]
State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province [Redacted]	Non-U.S. State/Province [Redacted]

Zip/Postal code NW1 2EP	Zip/Postal code
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Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 4 Hardman Square	Street address 1
Street address 2 Spinningfields	Street address 2
City Manchester	City
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code M3 3EB	Zip/Postal code

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Grant Thornton House	Street address 1
Street address 2 202 Silbury Boulevard	Street address 2
City Central Milton Keynes	City
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code MK9 1LW	Zip/Postal code

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 300 Pavilion Drive	Street address 1
Street address 2 Northampton Business Park	Street address 2
City Northampton	City
State/Province	State/Province
Non-U.S. State/Province Northamptonshire	Non-U.S. State/Province
Zip/Postal code NN4 7YE	Zip/Postal code

Office physical address	Office mailing address <input type="checkbox"/> Same as physical address
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Country United Kingdom	Country
Street address 1 Kingfisher House, 1 Gilders Way	Street address 1
Street address 2 St James Place	Street address 2
City Norwich	City
State/Province	State/Province
Non-U.S. State/Province Norfolk	Non-U.S. State/Province
Zip/Postal code NR3 1UB	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 3140 Rowan Place, John Smith Drive	Street address 1
Street address 2 Oxford Business Park South	Street address 2
City Oxford	City
State/Province	State/Province
Non-U.S. State/Province Oxfordshire	Non-U.S. State/Province
Zip/Postal code OX4 2WB	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 1020 Eskdale Road	Street address 1
Street address 2 Winnersh	Street address 2
City Wokingham	City
State/Province	State/Province
Non-U.S. State/Province Berkshire	Non-U.S. State/Province
Zip/Postal code RG41 5TS	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Pinnacle Building	Street address 1

Street address 2 20 Tudor Road	Street address 2
City Reading	City
State/Province	State/Province
Non-U.S. State/Province Berkshire	Non-U.S. State/Province
Zip/Postal code RG1 1NH	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 2 Broadfield Court	Street address 1
Street address 2	Street address 2
City Sheffield	City
State/Province	State/Province
Non-U.S. State/Province South Yorkshire	Non-U.S. State/Province
Zip/Postal code S8 0XF	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 Earl Grey House	Street address 1
Street address 2 75-85 Grey Street	Street address 2
City Newcastle Upon Tyne	City
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code NE1 6EF	Zip/Postal code

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country
Street address 1 No. 1 Dorset Street	Street address 1
Street address 2	Street address 2
City Southampton	City

State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province Hampshire	Non-U.S. State/Province [Redacted]
Zip/Postal code SO15 2DP	Zip/Postal code [Redacted]

Office physical address	Office mailing address <input checked="" type="checkbox"/> Same as physical address
Country United Kingdom	Country [Redacted]
Street address 1 Churchill House	Street address 1 [Redacted]
Street address 2 26-30 Upper Marlborough Road	Street address 2 [Redacted]
City St Albans	City [Redacted]
State/Province [Redacted]	State/Province [Redacted]
Non-U.S. State/Province Hertfordshire	Non-U.S. State/Province [Redacted]
Zip/Postal code AL1 3UU	Zip/Postal code [Redacted]

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**ITEM 5.2 - AUDIT-RELATED MEMBERSHIPS, AFFILIATIONS, OR SIMILAR ARRANGEMENTS**

a. State whether the Firm has any:

- |   |   |
|---|---|
| 1. Membership or affiliation in or with any network, arrangement, alliance, partnership or association that licenses or authorizes <i>audit</i> procedures or manuals or related materials, or the use of a name in connection with the provision of <i>audit services</i> or accounting services | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| 2. Membership or affiliation in or with any network, arrangement, alliance, partnership or association that markets or sells <i>audit services</i> or through which joint <i>audits</i> are conducted   | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| 3. Arrangement, whether by contract or otherwise, with another entity through or from which the Firm employs or leases personnel to perform <i>audit services</i>   | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |

b. If the Firm provides any affirmative response in Item 5.2.a, identify the entity with which the Firm has each such relationship -

Entity name Grant Thornton International Limited	
Entity Address	
Country United Kingdom	State/Province
Street address 1 Grant Thornton House, Melton Street	Non-U.S. State/Province
Street address 2 Euston Square	Zip/Postal code NW1 2EP
City London	
Provide a brief description of the relationship the Firm has with this entity Our firm is a member firm of Grant Thornton International Ltd (GTIL), a non-practicing, international umbrella entity. GTIL does not deliver services in its own name or at all. Services are delivered independently by the GTIL member firms. Each GTIL member firm is a separate national firm and governs itself and handles its administrative matters on a local basis. These firms are not members of one international partnership, nor is any one firm responsible for the services or activities of any other. Each member firm adopts GTIL policies, procedures and methodologies and also maintains a system of quality control in accordance with International Standards on Quality Control (ISQC)1. Each member firm executes a GTIL Member Firms Agreement and Name Use Agreement, which govern the relationship between the member firm and GTIL.	

Entity name Grant Thornton Services LLP	
Entity Address	
Country United Kingdom	State/Province
Street address 1 Grant Thornton House, Melton Street	Non-U.S. State/Province
Street address 2 Euston Square	Zip/Postal code NW1 2EP
City London	
Provide a brief description of the relationship the Firm has with this entity Grant Thornton Services LLP is a wholly owned subsidiary of Grant Thornton UK LLP. All UK employees of the firm have contracts of employment with Grant Thornton Services LLP.	

Note: Item 5.2.b does not require information concerning every other entity that is part of the network, arrangement, alliance, partnership or association, but only information concerning the network, arrangement, alliance, partnership, or association itself, or the principal entity through which it operates.

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part V, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

ê 5.1

ê 5.2.a.1

ê 5.2.a.2

ê 5.2.a.3

ê 5.2.b

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**PART VI - PERSONNEL**

In Part VI, the Firm should provide information that is current as of the last day of the reporting period.

**ITEM 6.1 - NUMBER OF FIRM PERSONNEL**

Provide the following numerical totals -

		CA	CR
a. Total number of the Firm's <i>accountants</i>	2172	è	è
b. Total number of the Firm's certified public accountants (include in this number all <i>accountants</i> employed by the Firm with comparable licenses from non-U.S. jurisdictions)	1420	è	è
c. Total number of the Firm's personnel	4695	è	è

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part VI, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

è 6.1.a

è 6.1.b

è 6.1.c

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART VII - CERTAIN RELATIONSHIPS		
ITEM 7.1 - INDIVIDUALS WITH CERTAIN DISCIPLINARY OR OTHER HISTORIES		
<p>a. Other than a relationship required to be reported in Item 5.1 of Form 3, and only if the Firm has not previously identified the individual and the sanction or <i>Commission</i> order on Form 1, Form 2, or Form 3, state whether, as of the end of the reporting period, the Firm has any employee, partner, shareholder, principal, member, or owner who was the subject of a <i>Board</i> disciplinary sanction or a <i>Commission</i> order under Rule 102(e) of the <i>Commission's</i> Rules of Practice, entered within the five years preceding the end of the reporting period and without that sanction or order having been vacated on review or appeal, and who provided at least ten hours of <i>audit services</i> for any <i>issuer, broker, or dealer</i> during the reporting period.</p>	<p style="text-align: center;">j n Yes</p> <p style="text-align: center;">j n No</p>	<p style="text-align: center;">CA CR</p> <p style="text-align: center;">è è</p>
<p>b. If the Firm provides an affirmative response to Item 7.1.a, provide the following information for each such individual -</p>		
<p>1. Family name (last name)</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	<p>Given name (first name)</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	
<p>2. Description of the nature of the relationship</p> <div style="background-color: #cccccc; height: 80px; width: 100%;"></div>		
<p>3. Date Firm entered into relationship (mm/dd/yyyy)</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		
<p>4. The date of the relevant order and an indication whether it was a <i>Board</i> order or a <i>Commission</i> order</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <p style="text-align: center;">j n <i>Board</i>    j n <i>Commission</i></p>		<p style="text-align: center;">CA CR</p> <p style="text-align: center;">è è</p>

**Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.**

ITEM 7.2 - ENTITIES WITH CERTAIN DISCIPLINARY OR OTHER HISTORIES		
<p>a. Other than a relationship required to be reported in Item 5.2 of Form 3, and only if the Firm has not previously reported the information on Form 1, Form 2, or Form 3, state whether, as of the end of the reporting period, the Firm was owned or partly owned by an entity that was the subject of (a) a <i>Board</i> disciplinary sanction entered within the five years preceding the end of the reporting period, which has not been vacated on review or appeal, suspending or revoking that entity's registration or disapproving that entity's application for registration, or (b) a <i>Commission</i> order under Rule 102(e) of the <i>Commission's</i> Rules of Practice entered within the five years preceding the end of the reporting period, which has not been vacated on appeal, suspending or denying the privilege of appearing or practicing before the <i>Commission</i>.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA CR è è
<p>b. If the Firm provides an affirmative response to 7.2.a, provide the following information for each such entity -</p>		
<p>1. Name of entity</p> <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		
<p>2. Description of the nature of the relationship</p> <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		
<p>3. Date Firm entered into relationship (mm/dd/yyyy)</p> <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>		
<p>4. The date of the relevant order and an indication whether it was a <i>Board</i> order or a <i>Commission</i> order</p> <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> <p style="text-align: center;"><input type="checkbox"/> <i>Board</i>    <input type="checkbox"/> <i>Commission</i></p>	CA CR è è	



Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 7.3 - CERTAIN ARRANGEMENTS TO RECEIVE CONSULTING OR OTHER PROFESSIONAL SERVICES			
a. Other than a relationship required to be reported in Item 5.3 of Form 3, state whether the Firm received, or entered into a contractual or other arrangement to receive, from any individual or entity meeting the criteria described in Items 7.1.a. or 7.2.a, consulting or other professional services related to the Firm's <i>audit</i> practice or related to services the Firm provides to <i>issuer, broker, or dealer audit</i> clients.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	CA CR  <input type="checkbox"/> <input type="checkbox"/>	
b. If the Firm provides an affirmative response to 7.3.a, provide the following information for each such individual or entity -			
1. Name of individual or entity <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			
2. Description of the nature of the relationship <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>			
3. Date Firm entered into relationship (mm/dd/yyyy) <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>			
4. Description of the services provided or to be provided to the Firm by the individual or entity <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>			
5. The date of the relevant order and an indication whether it was a <i>Board</i> order or a <i>Commission</i> order <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> <input type="checkbox"/> <i>Board</i> <input type="checkbox"/> <i>Commission</i>			CA CR  <input type="checkbox"/> <input type="checkbox"/>
INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS			
If the Firm is a <i>foreign registered public accounting firm</i> that, in responding to Part VII, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the <i>Board</i> on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.			
<input type="checkbox"/> 7.1.a	<input type="checkbox"/> 7.1.b	<input type="checkbox"/> 7.2.a	<input type="checkbox"/> 7.2.b
<input type="checkbox"/> 7.3.a	<input type="checkbox"/> 7.3.b		

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

**PART VIII - ACQUISITION OF ANOTHER *PUBLIC ACCOUNTING FIRM* OR SUBSTANTIAL PORTIONS OF ANOTHER *PUBLIC ACCOUNTING FIRM'S* PERSONNEL**

If the Firm became registered on or after December 31, 2009, the first annual report that the Firm files must provide this information for the period running from the date used by the Firm for purposes of General Instruction 9 of Form 1 (regardless of whether that date was before or after the beginning of the reporting period) through March 31 of the year in which the annual report is required to be filed.

**ITEM 8.1 - ACQUISITION OF ANOTHER *PUBLIC ACCOUNTING FIRM* OR SUBSTANTIAL PORTIONS OF ANOTHER *PUBLIC ACCOUNTING FIRM'S* PERSONNEL**

a. Did the Firm acquire another *public accounting firm*?  Yes  
 No

b. If the Firm provides an affirmative response to Item 8.1.a, provide the name(s) of the *public accounting firm*(s) that the Firm acquired.

Name of acquired *public accounting firm*

c. Did the Firm, without acquiring another *public accounting firm*, take on as employees, partners, shareholders, principals, members, or owners 75% or more of the persons who, as of the beginning of the reporting period, were the partners, shareholders, principals, members, or owners of another *public accounting firm*?  Yes  
 No

d. If the Firm provides an affirmative response to Item 8.1.c, provide the following information for each such *public accounting firm* -

Name of the other *public accounting firm*

Number of the other *public accounting firm's* former partners, shareholders, principals, members, owners, and *accountants* that joined the Firm

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part VIII, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

8.1.a

8.1.b

8.1.c

8.1.d

**PART IX - AFFIRMATION OF CONSENT**

**ITEM 9.1 - AFFIRMATION OF UNDERSTANDING OF, AND COMPLIANCE WITH, CONSENT REQUIREMENTS**

Whether or not the Firm, in applying for registration with the *Board*, provided the signed statement required by Item 8.1 of Form 1, affirm, by checking the boxes, that -

- a. The Firm has consented to cooperate in and comply with any request for testimony or the production of documents made by the *Board* in furtherance of its authority and responsibilities under the Sarbanes-Oxley Act of 2002; e
- b. The Firm has secured from each of its *associated persons*, and agrees to enforce as a condition of each such person's continued employment by or other association with the Firm, a consent indicating that the *associated person* consents to cooperate in and comply with any request for testimony or the production of documents made by the *Board* in furtherance of its authority under the Sarbanes-Oxley Act of 2002, and that the *associated person* understands and agrees that such consent is a condition of his or her continued employment by or other association with the Firm; and e
- c. The Firm understands and agrees that cooperation and compliance, as described in Item 9.1.a, and the securing and enforcing of consents from its *associated persons* as described in Item 9.1.b, is a condition to the continuing effectiveness of the registration of the Firm with the *Board*. e

Note 1: The affirmation in Item 9.1.b shall not be understood to include an affirmation that the Firm has secured such consents from any *associated person* that is a *registered public accounting firm*.

Note 2: The affirmation in Item 9.1.b shall not be understood to include an affirmation that the Firm has secured such consents from any *associated person* that is a *foreign public accounting firm* in circumstances where that *associated person* asserts that non-U.S. law prohibits it from providing the consent, so long as the Firm possesses in its files documents relating to the *associated person's* assertion about non-U.S. law that would be sufficient to satisfy the requirements of subparagraphs (2) through (4) of Rule 2207(c) if that *associated person* were a *registered public accounting firm* filing a Form 2 and withholding this affirmation. This exception to the affirmation in Item 9.1.b does not relieve the Firm of its obligation to enforce cooperation and compliance with *Board* demands by any such *associated person* as a condition of continued association with the Firm.

Note 3: If the Firm is a *foreign registered public accounting firm*, the affirmations in Item 9.1 that relate to *associated persons* shall be understood to encompass every *accountant* who is a proprietor, partner, principal, shareholder, officer, or *audit* manager of the Firm and who provided at least ten hours of *audit services* for any *issuer* during the reporting period.

**INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS**

If the Firm is a *foreign registered public accounting firm* that, in responding to Part IX, has withheld an affirmation on the ground that the Firm cannot provide the affirmation without violating non-U.S. law, the Firm must identify here all items - and only those items - as to which the Firm has actually declined to provide the affirmation.

b 9.1.a                      b 9.1.b                      b 9.1.c

**PART X - CERTIFICATION OF THE FIRM**

**ITEM 10.1 SIGNATURE OF PARTNER OR AUTHORIZED OFFICER**

This Form must be signed on behalf of the Firm by an authorized partner or officer of the Firm including, in accordance with Rule 2204, both a signature that appears in typed form within the electronic submission and a corresponding manual signature retained by the Firm.

I, the undersigned, certify that -

- a. I am a partner or an officer of the Firm and I am authorized to sign this Form on behalf of the Firm;
- b. I have reviewed this Form;
- c. based on my knowledge, the Firm has filed a special report on Form 3 with respect to each event that occurred during the reporting period and for which a special report on Form 3 is required under the *Board's rules*;
- d. based on the signer's knowledge, this Form does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading; and
- e. either-
  - 1. based on the signer's knowledge, the Firm has not failed to include in this Form any information or affirmation that is required by the instructions to this Form, or
  - 2. based on the signer's knowledge-
    - (A) the Firm is a *foreign registered public accounting firm* and has not failed to include in this form any information or affirmation that is required by the instructions to this Form except for information or affirmations that the Firm asserts it cannot provide to the *Board* on this Form 2 without violating non-U.S. law;
    - (B) with respect to any such withheld information or affirmation, the Firm has satisfied the requirements of PCAOB Rule 2207(b) and has in its possession the materials required by PCAOB Rule 2207(c); and
    - (C) the Firm has indicated, in accordance with the instructions to this Form, each item of this Form with respect to which the Firm has withheld any required information or affirmation.

Typed signature (to be submitted electronically):  |   
 Given name (first name) | Family name (last name)

Manual signature (to be retained in accordance with PCAOB Rule 2204):

Date of typed and manual signatures (mm/dd/yyyy):

Business Title:

Capacity in which signed: Partner  Officer

Business mailing address	
Country <input type="text" value="United Kingdom"/>	State/Province <input type="text"/>
Street address 1 <input type="text" value="Grant Thornton House"/>	Non-U.S. State/Province <input type="text"/>
Street address 2 <input type="text" value="Melton Street"/>	Zip/Postal code <input type="text" value="NW1 2EP"/>
City <input type="text" value="London"/>	
Business telephone number (incl. country and area codes) <input type="text" value="+44 (0)20 7728 2580"/>	
Business facsimile number (incl. country and area codes) <input type="text" value="+44 (0)20 7728 2580"/>	
Business e-mail address <input type="text" value="mark.cardiff@uk.gt.com"/>	

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

<b>PART XI - EXHIBITS</b>	
<b>EXHIBIT 3.2 - DESCRIPTION OF METHODOLOGY USED TO ESTIMATE COMPONENTS OF CALCULATION IN ITEM 3.2 AND REASONS FOR USING ESTIMATES</b>	
<p>If the Firm has indicated in Item 3.2.c that it used a reasonable method to estimate the components of the calculations described in Item 3.2.b, rather than using specific data, the Firm must include as Exhibit 3.2 an exhibit that briefly describes the reasons for doing so and the methodology used in making those estimates.</p>	<p>CA CR  <input type="checkbox"/> <input type="checkbox"/></p>
<b>EXHIBIT 99.1 - REQUEST FOR CONFIDENTIAL TREATMENT</b>	
<p>If the Firm has identified, in accordance with the instructions to this Form, any information for which the Firm requests confidential treatment, the Firm must include as Exhibit 99.1 an exhibit that includes the representations and information required by Rule 2300(c)(2).</p> <p>Unless the Firm requests otherwise by checking the box below, any such Exhibit 99.1 will be afforded confidential treatment without the need for a request for confidential treatment.</p> <p style="text-align: right;">Check here to indicate if you <u>do not</u> want confidential treatment for Exhibit 99.1 <input type="checkbox"/></p>	
<b>EXHIBIT 99.3 - MATERIALS REQUIRED BY RULE 2207(c)(2)-(4)</b>	
<p>If the Firm is responding to a request pursuant to Rule 2207(d) for any of the materials described in Rule 2207(c)(2)-(4), submit the requested materials as Exhibit 99.3 to an amended Form 2.</p> <p>If the Firm seeks confidential treatment for any such materials submitted, check the CR box in this section and also provide Exhibit 99.1 in accordance with the instructions.</p>	<p>CA CR  <input type="checkbox"/> <input type="checkbox"/></p>