

**For filings with the FSA include the annex  
For filings with issuer exclude the annex**

**TR-1: Notifications of Major Interests in Shares**

<b>1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:</b>	Dolphin Capital Investors Ltd	
<b>2. Reason for notification (yes/no)</b>		
An acquisition or disposal of voting rights	Yes	
An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached	No	
An event changing the breakdown of voting rights	No	
Other (please specify): _____	No	
<b>3. Full name of person(s) subject to notification obligation:</b>	Silver Capital Holdings Limited	
<b>4. Full name of shareholder(s) (if different from 3):</b>	N/A	
<b>5. Date of transaction</b> (and date on which the threshold is crossed or reached if different):	16/01/08	
<b>6. Date on which issuer notified:</b>	16/01/08	
<b>7. Threshold(s) that is/are crossed or reached:</b>	5%	

**8: Notified Details****A: Voting rights attached to shares**

Class/type of shares If possible use ISIN code	Situation previous to the triggering transaction		Resulting situation after the triggering transaction				
	Number of shares	Number of voting rights	Number of shares	Number of voting rights		Percentage of voting rights	
				Direct	Indirect	Direct	Indirect
VGG2803G1028	20,105,000	20,105,000	27,305,000	27,305,000	N/A	5.28%	N/A

**B: Financial Instruments****Resulting situation after the triggering transaction**

Type of financial instrument	Expiration date	Exercise/ conversion period/date	No. of voting rights that may be acquired (if the instrument exercised/converted)	Percentage of voting rights
N/A	N/A	N/A	N/A	N/A

**Total (A+B)**

Number of voting rights	Percentage of voting rights
27,305,000	5.28%

<b>9. Chain of controlled undertakings through which the voting rights and /or the financial instruments are effectively held, if applicable:</b>
N/A

<b>Proxy Voting:</b>	
<b>10. Name of proxy holder:</b>	N/A
<b>11. Number of voting rights proxy holder will cease to hold:</b>	N/A
<b>12. Date on which proxy holder will cease to hold voting rights:</b>	N/A
<b>13. Additional information:</b>	N/A
<b>14 Contact name:</b>	N/A
<b>15. Contact telephone name:</b>	N/A

*For notes on how to complete form TR-1 please see the FSA website.*