

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

TR-1: Notifications of Major Interests in Shares

1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:		Dolphin Capital Investors Ltd	
2. Reason for notification (yes/no)			
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
3. Full name of person(s) subject to notification obligation:		Silver Capital Holdings Limited	
4. Full name of shareholder(s) (if different from 3):		N/A	
5. Date of transaction (and date on which the threshold is crossed or reached if different):		14/12/07	
6. Date on which issuer notified:		14/12/07	
7. Threshold(s) that is/are crossed or reached:		3%	

8: Notified Details

A: Voting rights attached to shares

Class/type of shares <small>If possible use ISIN code</small>	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	Below 3%	Below 3%	16,450,000	16,450,000	N/A	3.18%	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
16,450,000	3.18%

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

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

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