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Regulatory Announcement

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Company Cardiff Property PLC

TIDM CDFF

HeadlineHolding(s) in CompanyReleased13:23 13-Jan-09Number5586L13

RNS Number : 5586L Cardiff Property PLC 13 January 2009

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	Cardiff Property plc
rights are attached:	

2. Reason for notification (yes/no)		
An acquisition or disposal of voting rights		
An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached		
An event changing the breakdown of voting rights		
Other (please specify): Variation in Issued share capital	X	

3. Full name of person(s) subject to notification obligation:	AXA S.A. 25 Avenue Matignon, 75008 Paris and its group of companies
4. Full name of shareholder(s) (if different from 3):	
5. Date of transaction (and date on which the threshold is crossed or reached if different):	12/01/2009
6. Date on which issuer notified:	13/01/2009

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7. Threshold(s) that is/are crossed reached:			essed or	14%				
8: Notified D)etails							
A: Voting rig		ched to s	hares					
Class/type of shares If possible use ISIN code Situation previous to the triggering transaction		Resulting situation after the triggering transaction						
	Number Number of of		Number of shares	Number of voting rights			Percentage of voting rights	
	shares	voting rights		Dire			Direct	Indirect
0175425	222,500	222,500	2,500	2,50	00	220,000	0.16	14.02
B: Financia	l Instrum	ents						
Resulting situ	ation after	the trigger	ing transactio	n				
Type of Expiration date financial instrument		Exercise/ conversion period/date		No. of voting rights that may be acquired (if the instrument exercised/converted)		Percentage of voting rights		
Total (A+B)								
Number of voting rights				Percentage of voting rights				
222,500				14.18	3%			
9. Chain of financial ins							hts and	/or the
Proxy Votin	g:							
10. Name of	f proxy h	older:						
11. Number holder will o			roxy					
12. Date on cease to ho			er will					
13. Addition	nal inforn	nation:						
14 Contact name:				Kye	re Tabiri			

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15. Contact telephone number:	020 7003 1510

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

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END

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