

COMPANY ADMINISTRATION SERVICES AGREEMENT

| | |
|----------------------|---------------------------|
| Company name: | Registered number: |
|----------------------|---------------------------|

ANNEX No. 1

APPOINTMENT / REPLACEMENT OF CONTACT PERSON(S)

I/We, the undersigned

.....

.....

.....

beneficial owner(s) of the above named Managed Company, do hereby appoint the following person(s) to act as Contact Person(s) between the Managed Company and the Management Company:

The Contact Person(s) must be chosen from the Beneficial Owners of the Company.

| | |
|-------------------------------------|---------------|
| 1. DETAILS OF CONTACT PERSON | |
| Name: | |
| Date of birth: | Passport No.: |
| Nationality: | |
| Residential Address: | |
| Telephone: | Mobile: |
| Fax: | E-mail: |
| Signature Rights: | |
| Signature Sample: | |

| | |
|-------------------------------------|---------------|
| 2. DETAILS OF CONTACT PERSON | |
| Name: | |
| Date of birth: | Passport No.: |
| Nationality: | |
| Residential Address: | |
| Telephone: | Mobile: |
| Fax: | E-mail: |
| Signature Rights: | |
| Signature Sample: | |

Place and date:

Signature:

Name of beneficial owner:.....

Place and date:

Signature:

Name of beneficial owner:.....

Place and date:

Signature:

Name of beneficial owner:.....

This Declaration must be duly signed by all beneficial owners over the age of 18.