

COMPANY ADMINISTRATION SERVICES AGREEMENT

Company name:	Registered number:
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ANNEX No. 4

DECLARATION BY BENEFICIAL OWNER ON APPOINTMENT OF CONTACT PERSON

I the undersigned.....

being the holder of % of the beneficial ownership rights of the company

..... Reg. No.: do hereby declare that in the event of my death you are authorized to contact the following person(s) who will be responsible to notify the administrator of my property and/or executor of my will and/or my heirs regarding my beneficial ownership rights in the company: (please note that one copy of the present document should be duly signed by all and each one of the beneficial owners)

Name:	
Date of birth:	Passport No.:
Nationality:	
Residential Address:	
Telephone:	Mobile:
Fax:	E-mail:
Signature Sample:	

Name:	
Date of birth:	Passport No.:
Nationality:	
Residential Address:	
Telephone:	Mobile:
Fax:	E-mail:
Signature Sample:	

Place and date:

Signature:

Name of beneficial owner:.....

Passport number:.....

Place and date:

Signature:

Name of beneficial owner:.....

Passport number:.....

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