

SIGNATORIES TO ARTICLES OF ASSOCIATION

Client Reference

Particulars of subscribers	Date and signature	Particulars of witnesses	Date and signature
Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____		Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____	
Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____		Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____	
Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____		Full names: _____ _____ Occupation: _____ Residential address: _____ _____ _____ Business address: _____ _____ _____ Postal address _____ _____ _____	