

COMPANY ADMINISTRATION SERVICES AGREEMENT

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

APPENDIX No. 12 SIGNATURE SPECIMEN

| Name and position (Contact Person, Beneficial Owner or both) | Specimen Signature | Date |
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I hereby certify the above signature/s:

Signature:

Name of person certifying:

Position of person certifying:

Place and Date of certification: