CONSENT AND CERTIFICATE OF SECRETARY/ SECRETARIES

Section 221(2) of the Companies Act No. 7 of 2007
[If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format]

No. of Company		
Company Name		
First Name(s) of Secretary/ Secretaries*	Last Name(s) of Secretary/ Secretaries	
Residential Address		
We/I consent to be Se	cretary/ Secretaries of the above company and certify that vibe appointed to hold office of Secretary/Secretaries	— we/I* are/am* qualified to
Date of Appointment	Day Month Year	
Registration No.	(If applicable)	
Signature :		
Full Name :		
Date :	Day Month Year	
Presented by		Email (Optional)
		Telephone:
		Facsimile :

^{*} Delete if not applicable