

Companies Form 1

VERIFICATION OR CERTIFICATION OF DOCUMENTS OR COPIES OF DOCUMENTS

Registration No: /

(1)

.....Limite

d I,

..... ofin my

capacity

as (2), *verify/*certify that

* the document(s) annexed to this statement and marked(3) *is/*are the document(s) described in the Schedule.

* the *copy/*copies annexed to this statement and marked(3) *is/*are a *true

copy/*true

copies of the document(s) described in the Schedule.

SCHEDULE

Description of document or copy	Provision under which, or for purposes of which, document or copy lodged

Dated thisday of19.....

Signature

.....

Name of Signatory in block letters:

.....

- * Strike out whichever is inapplicable.
- (1) State name of corporation to which document relates.
 - (2) State capacity in which the person undertakes the verification or certification.
 - (3) Requirements relating to annexures are set out in regulation 7.

Lodged by
Address
Phone No.

Lodged with the Registrar on:
