Annual Return Form

Pursuant to Section 80 of the Companies Law (Revised) (CAP 22)
Laws of the Cayman Islands

Company		
	Name	Registration #

Registered Office				
	PO Box	Postal Code	Street Number & Name	District

Place of Business **(if different from the above)**				
	PO Box	Post Code	Street Number & Name	District

Contact Details			
	Contact Person	Email Address	Telephone #

SUMMARY

Copy of the list of persons who own, control or direct the Company:

Name	**Valid Government** Issued ID	**Address** (Physical & PO Box)	**Occupation**	**Office Held**

I _____ (Print Name) ,Director ☐ Secretary ☐ of the above mentioned Company

do hereby certify that the foregoing is a true summary of the Company and confirm that the objects and/or activities of the Company have not changed from those contained in the Company's memorandum and articles of association other than what has been filed in accordance with S80B of the Companies Law.

Dated at _____ this _____ Day of _____ 20 _____

_____
(Signature)