

Annual Return Form

Pursuant to Section 80 of the Companies Act (Revised) (CAP 22)
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 Postal 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# (please attach copy)	Address (Physical & PO Box)	Occupation	Office Held

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

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 Act.

Dated at this Day of 20

(Signature)

To be completed by any company designated pursuant to section 80 that is not registered pursuant to the Non-Profit Organisations Act (As Revised)