APPLICANT SIGNATORY

Signed this	day of	 20	at
Authorized Sign	ature: _	 	
Name of Signat	ory:	 	
ID number of Si	gnatory:	 	
Witness Signatu	ıre:	 	
Name of Witne	ss:	 	
Company Stam	p:		

Initial here - Applicant	Initial here - Nampharm		