

# Partnership Disclosure Certificate



Full name of partnership					
Business name of the partnership					
Country where the partnership was established					
Date partnership was established					
Name of professional association which regulates this partnership					
Nature of business activity					
If the partnership is <b>not</b> regulated by a professional association (e.g. lawyers or accountants) then the names and addresses of each partner (one of whom must be identified in accordance with Elantis' procedures)	Name		Address		
Partnership agreement		Please attach a certified copy of the partnership agreement showing above information			
Attach partnership agreement	Yes	Verify the identify one partner	Yes	Complete authority to act form	Yes

I certify that the partners in the partnership, as at the date of this certificate, are as set out above.

Signature by one partner Date		Signature of a partner of the professional firm Date	
Name and address of the signatory		Name and address of the signatory	