

# Supplement 1 — Contact Information and Record Keeping Address for Corporation

<b>Name of corporation</b>	
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<b>Email and website addresses</b>	<i>(e-mail)</i>	<i>(website)</i>
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Addresses, telephone and facsimile numbers				
<b>1</b>	Please tick “✓” where applicable.			
<input type="checkbox"/> Principal place of business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Record keeping	<input type="checkbox"/> Other place of business
<b>Address</b>				
Flat, floor and block no.				
Building name				
Street no. & name				
District & city				
State & country				
Postal code, if any				
<b>Telephone and facsimile numbers</b>	<i>(telephone)</i>	<i>(facsimile)</i>		
<b>Effective date (dd/mm/yyyy)</b>				

<b>2</b>	Please tick “✓” where applicable.			
<input type="checkbox"/> Principal place of business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Record keeping	<input type="checkbox"/> Other place of business
<b>Address</b>				
Flat, floor and block no.				
Building name				
Street no. & name				
District & city				
State & country				
Postal code, if any				
<b>Telephone and facsimile numbers</b>	<i>(telephone)</i>	<i>(facsimile)</i>		
<b>Effective date (dd/mm/yyyy)</b>				

<b>3</b>	Please tick "✓" where applicable.			
<input type="checkbox"/> Principal place of business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Record keeping	<input type="checkbox"/> Other place of business
<b>Address</b>				
Flat, floor and block no.				
Building name				
Street no. & name				
District & city				
State & country				
Postal code, if any				
<b>Telephone and facsimile numbers</b>				
	<i>(telephone)</i>		<i>(facsimile)</i>	
<b>Effective date (dd/mm/yyyy)</b>				

<b>4</b>	Please tick "✓" where applicable.			
<input type="checkbox"/> Principal place of business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Record keeping	<input type="checkbox"/> Other place of business
<b>Address</b>				
Flat, floor and block no.				
Building name				
Street no. & name				
District & city				
State & country				
Postal code, if any				
<b>Telephone and facsimile numbers</b>				
	<i>(telephone)</i>		<i>(facsimile)</i>	
<b>Effective date (dd/mm/yyyy)</b>				

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*Name of director/responsible officer/executive officer/chief executive\**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\* Delete where not applicable