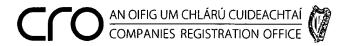


## Application for registration of a Limited Partnership

Section 8 Limited Partnerships Act 1907

LP certificate number









CRO receipt date stamp Limited Partnerships Act 1907 Please complete using black typescript or BOLD CAPITALS, referring to explanatory notes We, the undersigned, being the partners of the firm, hereby apply for registration as a limited partnership, and for that purpose supply the following particulars, pursuant to Section 8 of the Limited Partnerships' Act, 1907:-Firm Name INTERNATIONAL LP in full **General Nature** Wholesale trading and other service activities of the Business If no definite term, the conditions of existence of the partnership

It has been agreed that the Partnership shall continue

terminated by a provision of the Partnership

of termination signed by the Address of **Principal Place** of Business Term for which the Partnership is entered into It has been agreed that the Partnership shall continue for indefinite period of time unless terminated by a provision of the Partnership agreement or on any day specified in a notice of termination signed by the General Manager and Majority of all Limited Partners. Day Month Year **Date of Commencement** 0 9 0 |8 | |2 |0 |1 |7 | of Term THE PARTNERSHIP IS LIMITED Presenter details note one

LTD

Dublin 2, REPUBLIC OF IRELAND

Street Lower

Name Address

**Email** 

+44(0)

Telephone number





Full Names and Addresses of each of the Partners

## **GENERAL PARTNERS**

Name GENERAL PARTNER	MS BERTILLE
Address	
Address	MAHE
	SEYCHELLES
	Signature .
Print Name	MS BERTILLE SANDRA ISABELLE POOL
	Day Month Year Company number (if applicable) note three
Name	
GENERAL	
PARTNER	
Address	
	·
	Signature
Print Name	
	Day Month Year Company number (if applicable) note three
	Date
Name	
GENERAL	
PARTNER	
Address	
	Signature
	3 Pool
Print Name	·
	Day Month Year Company number (if applicable) note three





Full Names and Addresses of each of the Partners	LIMITED PARTNERS
Name	MS TASHIRA
LIMITED PARTNER	
Address	
	ST. LOUIS MAHE, SEYCHELLES
Amount contributed by Limited Partner,	
and whether paid in cash or how	100 Euro in cash
otherwise note two	Signature
Print Name	MS TASHIRA
Date	Day Month Year  P P P P P P P P P P P P P P P P P P P
Name LIMITED	
PARTNER	
Address	
Amount contributed	
by Limited Partner, and whether paid in cash or how	
otherwise note two	Signature
Print Name	
Date	Day Month Year
Name LIMITED	
PARTNER	
Address	
Amount contributed by Limited Partner, and whether paid in cash or how	
otherwise note two	Signature
Print Name	
Date	Day Month Year

