

FORM 26
CERTIFICATE OF DIRECTORS IN FAVOUR OF THE
AMALGAMATION

(Sections 224(2) & 225(5))

Name of Amalgamated Company

UIN:

I/We* the undersigned certify that in our opinion the conditions set out in section 224(2) or 225(5) are satisfied on the following grounds:

*Delete if not applicable

DIRECTORS

Name of Director	Signature	Date

Signed By:

Signature:

Date

Completed by:

Postal Address:

***Identity Number:**

(*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email: