

Please complete in typescript,
or in bold black capitals

**Application by a public company for
certificate to commence business where
the company seeks to satisfy the
authorised minimum requirement in sterling**

CHFP000

Company number 06650343

Company name in full TOWAH PLC

applies for a certificate that it is entitled to do business and exercise
borrowing powers, and for that purpose,

I, TOR ANDERS PETTEROE

of LINEVEIEN 7, SELLEBAKK N-1655, NORWAY

* Please delete as appropriate

*[a director] [the secretary] of the above company confirm that

- 1 the aggregate nominal value of the company's allotted
share capital is not less than £50,000
- 2 the *[estimated] amount of the preliminary expenses of the
company is

£3,000

Contact details

You do not have to give any contact
information in the box opposite but if you
do, it will help Companies House to contact
you if there is a query on the form. The
contact information that you give will be
in the public record.

ATC Solutions Limited

6th Floor

52-54 Gracechurch Street

London

EC3V 0EH

Tel

DX number

DX exchange

SATURDAY



A56

AN2VQ2PB

30/08/2008

192

COMPANIES HOUSE

e
ge

When you have completed and signed the form please send it to
the Registrar of Companies at

Companies House, Crown Way, Cardiff, Wales, CF14 3UZ
DX 33050 Cardiff

for companies registered in England and Wales, or

Companies House, 37 Castle Terrace, Edinburgh, Scotland, EH1 2EB
DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (legal post)

for companies registered in Scotland

* [3a no amount or benefit has been paid or given or is intended to be paid or given to any of the promoters of the company]

* [~~3b the amount or benefit paid or given or intended to be paid or given to any promoter of the company is~~]

* Please delete as appropriate

Promoter No 1,

The amount paid or intended to be paid

Any benefit given or intended to be given

The consideration for such payment or benefit

Promoter No 2,

The amount paid or intended to be paid

Any benefit given or intended to be given

The consideration for such payment or benefit

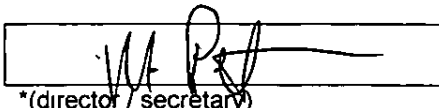
Promoter No 3,

The amount paid or intended to be paid

Any benefit given or intended to be given

The consideration for such payment or benefit

Signature


*(director / secretary)

Date

13-08-08

* Please delete as appropriate