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A fee is a payable with this form.



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Name of firm or	artnership • -	THE W	/ALES L	JFE	SCIENCES	INVE	STMENT	tuno
We, the unde and for that p	rsigned, bein urpose suppl	g the partners o	of the above particulars:	-named	firm, hereby app	ly for regis	tration as a li	mited partner
The general na	ture of the busin	OF BUSINE	FRUMENT SSEJ WIT	BACKE THI N	O WELSH R THE LIFE S	IND SET	UP IN U SECTOR	UALES TO
The principal p	ace of business	1 CALLA	GHAW S	qu Mei	E, CARDIFF	, WALE	5, (Flo	SBT
Please give the	name and signa	ature of each gene	ral partner					
Name ART	nurian) L	IFF SCIEN	uces i	ID.	Signatures 5	or I	- Dia	ECTOR
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Please give the	name, amount	contributed and sig	inature of each	ı limited n	artner	***************************************		
		_					Tree	
Name ARTH	URIAN LI	EE SCIEN	CES		Amount contributed	8	Signatures	
							1 4 4	A 1

• This must include the appropriate name ending.

CARRICA INTEREST PARTIVER LP

- This begins with the date of registration.
- State the amount contributed by each limited partner, and whether paid in cash, or how otherwise.

Please be aware that all information on this form will be available on the public record.

When you have completed the form, please send to the Registrar of Companies.

Presented by:

SHAFIA ZAMOOR

ARTHURIAN LIFE SCIENCES LTD

Presenter's reference:

0204-887-7646



FILE COPY

CERTIFICATE OF REGISTRATION OF A LIMITED PARTNERSHIP

Limited Partnership No. LP15410

The Registrar of Companies for England & Wales hereby certifies that:

THE WALES LIFE SCIENCES INVESTMENT FUND LP

is this day registered under the 1907 Limited Partnerships Act as a Limited Partnership.

Given at Companies House on 22nd February 2013.



