

Please complete in typescript, or in bold black capitals.

06/03/2009

COMPANIES HOUSE

LD1

40

LLP2

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

| or in bold black capitals. CHWP000 | Liability Partnership |
|---|---|
| Please leave this box blank | 00343856 |
| Full Name of Limited Liability Partnership | 1111 277 277 277 |
| Situation of Registered Office | |
| Registered Office Address | |
| Post town | LONDON |
| PO Box number County / Region only is not acceptable | UK Postcode WIG 9 Q K |
| Will all Members from time to time be designated members? (List members overleaf) | YES listed members must be |
| Number of continuation sheets attached to this application for incorporation | |
| 0 6 MAR 2009 | Solicitor engaged in the formation of this LLP Member named overleaf of the LLP |
| £50 FEE PAID COMPANIES HOUSE | And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit. |
| '000492'/50 Signed | Date 05.03.2009 |
| 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 | Tel |
| *L90US80O* | DX number DX exchange When you have completed and signed the form please send it to the Registrar of Companies at: |
| LD1 09/03/2009 54 ^e COMPANIES HOUSE | Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or |

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

or LP - 4 Edinburgh 2

for partnerships registered in Scotland

| List of Members on Incorporation | | | | |
|--|--|---|--|--|
| Peers or others known by a title may | Surname or Corporate name | AMAN CAPITAL MANAGEMENTUD | | |
| use the title instead of or in addition to their name | Forename(s) | | | |
| Memb | per Reference Number * (as advised by Companies House) | Date of Day Month Year Birth / O O 7 2 O O 7 | | |
| †† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985 | †† Usual Residential Address (or registered or principal office address in the case of a corporation or Post town County / Region Country | 2 ND FLOOK, CAPITALCITY, INDEPENCE AVENUE PO BOX 13/2 VICTORIA MAHE SEYCHELLES | | |
| | | I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) | | |
| * Voluntary information | Signed | (Member to sign and date) Date 05.03. 2009 | | |
| Peers or others known by a title may use the title instead of or in addition to | Surname or Corporate name Forename(s) | DRAYTON JAMES HENRY | | |
| | per Reference Number * (as advised by Companies House) | Date of Day Month Year Birth 2606/960 | | |
| ^{††} Tick this box if the address shown is a service address for | ual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm | 34 HENDRICK AVENUE | | |
| the beneficiary of a Confidentiality Order granted under the provisions of section | Post town County / Region | LONDON UK SW/2 87L Postcode SW/2 87L | | |
| * Voluntary information | Country | WITED KINGDOM | | |
| | | I consent to act as a member of the limited liability partnership named on page 1 | | |
| | Sianad | (Please tick this box if consenting to act as a designated member) | | |
| | Signed | Member to sign and date) Date 05.03. 2009 | | |

NOTE: Unless there are at least two designated members, all members will be designated members.

CHWP000

LLP2 cont

| | Full Name of Limited Liability Partnership | THYST CAPITALIMERNATIONALLLA |
|---|---|---|
| List of Members | on Incorporation | |
| Peers or others known by a title ma use the title instead | | PAHARI VENTURES LTD |
| of or in addition to their name | Forename(s) | |
| | mber Reference Number * (as advised by Companies House) | Date of Day Month Year Birth $O_{16} O_{13} I_{10} O_{19}$ |
| th Tick this box if the address shown is a service address for the beneficiary of a | (or registered or principal office address in the case of a corporation or Scottish firm) | 2 PLOOR, CAPITALCITY, INDEPENDENCE AVENUE, POBOX 1312 |
| Confidentiality Order granted | County / Region | MAHE UK |
| under the provisions of section 723B of the Companies Act | Country | SE YCHELLES Postcode |
| * Voluntary information | | I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) |
| | Signed | (Member to sign and date) Date 05.03.2009 |
| Peers or others known by a title m use the title instea | · Coloulate name | |
| of or in addition to their name | Forename(s) | |
| Me | mber Reference Number * (as advised by Companies House) | Date of Day Month Year Birth |
| Us †† Tick this box if the address shown is a service | (or registered or principal office address in the case of a corporation or Scottish firm) | |
| address for the beneficiary of a Confidentiality | Post town | |
| Order granted under the | County / Region | UK Postcode |
| provisions of section 723B of the Companies Act 1985 | Country | |
| * Voluntary information | | I consent to act as a member of the limited liability partnership named on page 1 |
| | | (Please tick this box if consenting to act as a designated member) |
| | Signed | Date |
| | | (Member to sign and date) |

Form April 2002

NOTE: Unless there are at least two designated members, all members will be designated members.



FILE COPY

CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC343855

The Registrar of Companies for England and Wales hereby certifies that

TRYST CAPITAL INTERNATIONAL LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House on 9th March 2009.



