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|  | NAME CHANGEREQUEST CHECKLIST |

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| **\*Current Name:** | | | | |
| **\*New Name:** | | | | |
| **Existing CUSIP or ISIN number (If known):** | | | | |
| **\*Country of Incorporation** |  | Cayman Islands |  | British Virgin Islands | |
| **\*Billing Address: (party responsible for paying invoice)** | | | | |
| **\*Effective Date of Change:** (As stated on the Name Change Certificate) | | | | |
| **\*Name Change Certificate Provided** |  | Yes | | |
| **Other Document Supporting Documents Provided: (if applicable)** | | | | |

**\*: Required Fields – request will not be accepted unless these fields are completed.**