

OFFICE OF BUSINESS REGISTRATION

COPY

CERTIFICATE OF ENTERPRISE REGISTRATION
JOINT STOCK COMPANY

Enterprise code:

The first registration:

The fifth registration for amendment:

1. The company name:

In Vietnamese:

In English:

In short:

2. The head office address:

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Telephone number:

Fax:

Email:

Website:

3. Type and scope of business:

Order	Name of the business	Code
1	Manufacture pharmaceutical products (modern medicine, traditional medicine), material to manufacture pharmaceutical products Manufacture functional foods, supplementary foods, health-care foods Manufacture types of chemicals, testing and analyzing chemicals used in health service. Manufacturing cosmetics products Purchase cosmetics products, functional foods, supplementary foods, health-care foods Purchase chemical types, testing and analyzing chemicals used in health service, material to manufacture pharmaceutical products, package types. Manufacture medical machines, equipments, tools. Manufacture medical material and devices. Manufacture package types.	The type and scope of business are not matched in the Economics System of Vietnam

4. Chartered capital

Chartered capital:VND

In word: Viet Nam Dong

Face value of share:VND

Total shares:

5. The number of shares allowed for selling: 0

6. Legal capital:

7. List of foundation shareholder

Order	Name of shareholder	Permanent address for individuals, head office address for organizations	Type of share	Number of share	Share value (VND)	Percentage (%)	ID number (or other legal individual certification), Enterprise Code, The number of Establishment Decision	Note
1			Ordinary share					
			Total					
2			Ordinary share					
			Total					
3			Ordinary share					
			Total					
4			Ordinary share					
			Total					

8. Legal representative:

Entitlement:

Full name:

Gender:

Date of birth:

Ethnic group: Kinh

Nationality: Vietnam

Type of individual certification: ID

ID number:

Date of issuance:

Registered permanent address:

Current address:

9. Information about branches:

10. Information about representative offices:

1. The name of the representative office: The representative office of

Address:

The code of the representative office:

2. The name of the representative office: The representative office of

Address:

The code of the representative office:

3. The name of the representative office: The representative office of

Address:

The code of the representative office:

11. Information about business location:

Sign on behalf of

Manager

(Signed & sealed)

CERTIFIED TRUE COPY OF THE
ORIGINAL
Certified No Book No./SCT/BS
Dated on
CHAIRMAN OF THE PEOPLE'S
COMMITTEE OF
(signed & sealed)

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