

CERTIFICATE OF EMPLOYER'S LIABILITY INSURANCE

**A COPY OR COPIES OF THIS CERTIFICATE MUST BE DISPLAYED AT EACH PLACE OF BUSINESS
AT WHICH THE POLICY HOLDER EMPLOYS PERSONS COVERED BY THE POLICY**

NAME OF POLICY HOLDER

DOXBOND (ISLE OF MAN) LIMITED

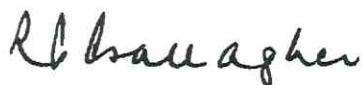
DATE OF COMMENCEMENT
OF INSURANCE 31.12.17

DATE OF EXPIRY
OF INSURANCE 30.12.18

POLICY PY-TKF113547

REFERENCE NUMBER 432-FH-LJ8606

We hereby certify that the policy to which this certificate relates satisfies the requirements of the relevant law applicable in the Isle of Man.



Managing Director

YOUR CERTIFICATE OF EMPLOYER'S
LIABILITY INSURANCE IS ATTACHED ABOVE.

Please fold along the perforation and insert the certificate in
the protective cover provided.

A copy of the certificate must be displayed at all places
where you employ persons covered by the policy. Extra
copies of the certificate will be supplied on request.