FORM 4 (r. 10(2)(a))

Serial Number. ……..

CERTIFICATE OF BESTOWMENT OF PUBLIC BENEFIT ORGANIZATION STATUS

I ……..…… Director of the Public Benefit Organizations Regulatory Authority, certify that

……
……

has this day been been bestowed with Public Benefit Organization status in accordance with section 7 of of the Public Benefits Organizations Act.

Dated this …… day of ……. 20……..

Director

Public Benefit Organizations Regulations Authority

