

SOCIAL SECURITY AND NATIONAL INSURANCE TRUST NATIONAL PENSIONS ACT, 2008 (ACT 766)

CLEARANCE CERTIFICATE Nº 0915173

	LECON		OCTOBER 13, 2016
ISSUING BRANCH OFFICE	LEGUN	DATE OF ISSU	JE
NAME OF ESTABLISHMENT	CAPE 3	SERVICES LIMITED	
ER. NO: NATUR	RE OF BUSINESS:	OIL & GAS SERVI	CES
BUSINESS REG. NO: CS4273	12014	IRS TIN	0003632180
ADDRESS: P.O.	BOX CT 200, CA	NTONMENTS, ACCRA	
LOCATION OF ESTABLISHMEN	C90/24,	2ND OSU BADU, AIRPO	RT WEST
TEL NO:	MODII	02688	79545
(Establishment)	OCTORED	1 2000	(Contact Person)
COVERABLE DATE:	•••••		
I Cartify that as at	OCTOBER 13,	2016	This Establishment
I Certify that as at	OCTOBER 13,	2016	This Establishment
	(Date of		
Employing			<u>')</u>
has:	(Number of		
a. paid all Social Security Contributions (including penalties) up to: SEPTEMBER 2016			
b. submitted all Contribution Repo	orts and fulfilled all	other obligations under A	ct 766
c. madeantisfortoryearrangements	to fulfill its obligati	ons under Act 766	
I therefore issue this certificate wh	ich expires on:F	FTEENTH NOVEMBER TO	O THOUSAND AND SIXTEEN
L. L		(15TH NOVEMBER,	, 2016)
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		for DID	ECTOD CENEDAL

N.B: Any alteration or falsification of this document is a crime and offender(s) SHALL be prosecuted