

**To the IMMIGRATION DEPARTMENT  
St. Maarten**

**DECLARATION ACT OF GUARANTEE**

The undersigned,

Name **WONDERFUL WORLD OF ENTERTAINMENT  
N.V. (COHEN,Dede)**  
Address **CINNAMON GROVE**

On behalf of,

Company **WONDERFUL WORLD OF ENTERTAINMENT  
N.V.**  
Address **AMAZONE RD. 6**

Hereby declares to accept all cost that the Government should incur on account of:

CRV Number **7001044906 / 1**  
Name **ZOTOVA**  
First Name **Yulia**  
Born **17/01/1986 Rusland RUSLAND**  
Nationality **RUSSISCHE**  
Date arrival  
Date of employment  **/ /**

Should this person become destitute, or should he or his family have to be treated in a hospital at the cost of the government beginning from the day of arrival or the first day of the working agreement or until:

- a) The day that the guarantee is taken over by another to the satisfaction of the Immigration Department;
- b) Fourteen (14) days after the Immigration has received written notice, that the working agreement has ended; unless due to unforeseen circumstances the Immigration has been unable to confirm the persons departure within said period, in which case the guarantee stays inforce until the first opportunity for the person to leave the island.

St. Maarten, 09/10/2008

Signature,

