SUBSIDIARY GOVERNANCE OVERSIGHT INVOICE

Parent Corporation Legal Department
Corporate Secretariat Division

Invoice #: _____
Date: _____

Billed To (Subsidiary):

Entity Name: _____
Jurisdiction: _____
Attention: _____

Oversight Period:

Start Date: _____
End Date: _____

Service Description (Governance & Compliance)	Units/Hours	Rate	Total
Annual Statutory Maintenance & Filings			
Board/Committee Meeting Administration			
Entity Management System (EMS) Licensing			
Regulatory Compliance Monitoring			
Director/Officer KYC & Onboarding			

Subtotal: $ _____

Intercompany Adjustments: $ _____
Amount Due: $ _____

Notes: All internal governance recharges are subject to Master Service Agreement terms and local Transfer Pricing regulations.

Authorized Signatory: _____