

INFORMATION NECESSARY TO INCORPORATE LIMITED LIABILITY COMPANY IN JAMAICA

| 1. NA | ME OF | COMPANY (GIVE THREE OPTIONS): | | | | |
|--------|--------------------------|---|--|--|--|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| | | | | | | |
| 2. TY | PE OF (| COMPANY: | | | | |
| (1) | Limite | ited by Shares () | | | | |
| (2) | Limited by Guarantee () | | | | | |
| | | | | | | |
| 3. RE | GISTER | RED OFFICE ADDRESS: | | | | |
| | | | | | | |
| | | | | | | |
| 4. RE | GISTER | RED OFFICE PHONE & FAX NUMBERS: | | | | |
| | | | | | | |
| 5. MA | AIN OBJI | ECTS OF COMPANY: (i.e. nature of proposed business): | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6. DIF | RECTOF | RS: (The Company can have one Director, provided that he/she is not also the Secretary) | | | | |
| | | | | | | |
| | (1) | Maximum and minimum number: Max: Min: | | | | |
| | (2) | Personal Info of Directors (at least one director should have a Jamaican Tax Registration | | | | |
| | (2) | Number – TRN):- | | | | |
| | | | | | | |
| | | | | | | |
| | | Nationality: | | | | |
| | | Address: | | | | |
| | | Occupation: | | | | |
| | | Contact Number: | | | | |
| | | Email Address: | | | | |
| | | TPN: | | | | |



| (b) | Name (first/middle/last): |
|---------------|--|
| | Nationality: |
| | Address: |
| | Occupation: |
| | Contact Number: |
| | Email Address: |
| | TRN: |
| (c) | Name (first/middle/last): |
| | Nationality: |
| | Address: |
| | Occupation: |
| | Contact Number: |
| | Email Address: |
| | TRN: |
| | |
| 7. SECRETARY: | |
| (1) | Name (First/Middle/Last): |
| , | Address: |
| | Occupation: |
| | Contact Number: |
| | Email Address: |
| | TRN: |
| (2) | INDICATE WHETHER YOU WISH THE SECRETARY TO ALSO BE A DIRECTOR: |
| . , | Yes () No () |
| | |
| | |

8. SHAREHOLDERS/MEMBERS:

(1) Names, addresses, occupations, contact number, email address and TRN of EACH subscribing member (**If different from Directors**):



| | (2) | Proposed Shareholdings/Guarantee amount of each Member (would be equal amounts if by | | | | |
|-----|---|--|---|--|--|--|
| | | Guarantee): | | | | |
| | | (a) | Name:amount/percentage: | | | |
| | | (b) | Name:amount/percentage: | | | |
| | | (c) | Name:amount/percentage: | | | |
| 9. | WOULD YOU LIKE US TO MAKE INITIAL APPLICATION TO RELEVANT AGENCIES FOR REGISTRATION FOR: | | | | | |
| | (1) General Consumption Tax (GCT)? ie. Value Added Tax if estimated gross annual sales are over J\$10,000,000.00 Yes () No () | | | | | |
| | (2) Tax | xpayer F | Registration (TRN)? ie. Required for opening bank account and doing business in general Yes () No () | | | |
| | (3) Tax | | iance Certificate (TCC)? Ie. Useful eg. for importing goods and equipment through Yes () No () | | | |
| 10. | WOUL | .D YOU | LIKE US TO OBTAIN YOUR COMPANY STAMP? (Required for opening bank account). Yes () No () | | | |
| 11. | | | LIKE US TO OBTAIN A CERTIFIED COPY OF YOUR ARTICLES OF FION? (Required for opening bank account). Yes () No () | | | |