

Street/District																			
Post Office																			
Town																			
Parish																			

OR

III. DESCRIPTION OF CLASS OF BENEFICIARIES

OR

IV. PARTICULARS OF FOREIGN FIRM (S) FOR WHOM BUSINESS IS CARRIED OUT

NAME OF FIRMS	ADDRESS
1.	
2.	
3.	

If there are three or more foreign firms, it is sufficient to state the fact that the business is so carried on, specifying the countries in which such foreign firms carry on business the business.

SECTION C. PARTICULARS AND DECLARATION OF AGENT

This section must be completed by

- (a) Individual in case of an individual or sole trader acting as agent
- (b) all partners where the agent is a partnership
- (c) two persons authorized to sign on behalf of a company (director/secretary or authorized official) in case of a company acting as the agent. .

I, the undersigned, declare all statements of particulars relating to myself and the principal furnished on this and accompanying form to be true to the best of my knowledge, information and belief.

1. Name of individual #1

Signature _____

2. Name of individual # 2

Signature _____

Date _____

Date _____

1B. TAXPAYER REGISTRATION NUMBER (TRN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2B. TAXPAYER REGISTRATION NUMBER (TRN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 1C. INDICATE CAPACITY:**
- DIRECTOR
 - SECRETARY
 - BUSINESS OWNER/PARTNER
 - AUTHORIZED OFFICIAL

- 2C. INDICATE CAPACITY:**
- DIRECTOR
 - SECRETARY
 - BUSINESS OWNER/PARTNER
 - AUTHORIZED OFFICIAL

2. COMPANY/ BUSINESS NAME *(Where applicable)*

REG. #

AFFIX COMPANY SEAL
(Where applicable)

(Additional information may be provided by annexing a schedule to this form where the space provided is inadequate).

FOR OFFICIAL USE ONLY

Indicate the supporting documentation presented along with application by ticking relevant box (es):

- VALID IDENTIFICATION. *State Type* _____
- INDIVIDUAL TRN VERIFIED
- TRN OF COMPANY VERIFIED
- CERTIFICATION PRESENTED *(WHERE APPLICABLE)*
- WORK PERMIT: attached _____ To be provided _____
- OTHER. Please state _____

Officer Signature/ Stamp

____ / ____ / ____

Day Month Year

Date

INSTRUCTIONS FOR COMPLETION OF BN 2

This form is to be used where any firm or individual having a place of business in Jamaica carries on the business wholly or mainly as nominee or trustee of or for another person or other persons or a corporation.

GENERAL INFORMATION:

All the fields on the form are to be filled out with the relevant information except where not applicable, the words "NONE" or N/A should be written. If the space provided is insufficient to contain all the required information, the remaining information must be set out in a schedule. Each schedule should be numbered sequentially

Any document lodged with the Registrar must:

- Be on clean, white, good quality letter size paper 8.5 in. x 11 in with 0.5 in. margins at the top, bottom and both sides
- Be typewritten in minimum font size 12 or handwritten clearly in block capital with black or blue permanent ink.
- Be fastened securely at the top left hand corner
- Be free of correction fluid. Any errors should be struck through once and initialled by the applicant.

SECTION A: PARTICULARS OF BUSINESS

In this section, set out particulars relating to the business:

1. **The proposed business names:** The Registrar will refuse to register any name that is identical or similar to another name used by an individual, trader, registered under the Business Name Act or company registered under the Companies Act. Additionally if the name is profane, undesirable, offensive or uses obscene words, or infringes on a registered trademark, it may also be refused by the Registrar.
2. **Date of commencement if commenced after October 1st 1934.** It should not be a future date

SECTION B: PARTICULARS OF PRINCIPAL ON WHOSE BEHALF THE BUSINESS IS CARRIED OUT

Complete the relevant section (I, II, III or IV) with particulars relating to the principal on whose behalf the application is made.

I. PARTICULARS OF INDIVIDUAL (S) ON WHOSE BEHALF THE BUSINESS IS CARRIED OUT

*State Applicant's full name, Residential address, Contact number, Occupation, Present nationality:
Nationality of origin if different from above, Taxpayer Registration Number (TRN)*

II. PARTICULARS OF THE CORPORATION ON WHOSE BEHALF THE BUSINESS IS CARRIED OUT

Set out the particulars in respect to the corporation:

Name of registered company, Company registration number, Contact number, Company's Taxpayer Registration Number (TRN), Registered Office Address

III. DESCRIPTION OF CLASS OF BENEFICIARIES

IV. PARTICULARS OF FOREIGN FIRM (S) FOR WHOM BUSINESS IS CARRIED OUT

In this section set out the particulars relating to the foreign firm on whose behalf the business is carried out. Name of firms and address of firms.

If there are three or more foreign firms, it is sufficient to state the fact that the business is so carried on, specifying the countries in which such foreign firms carry on business the business.

SECTION C: PARTICULARS OF AGENT

This statement must be signed by the agent applying for registration on behalf on the principal

- (d) Individual in case of an individual agent or sole trader
- (e) all partners where the agent is a partnership
- (c) two persons authorized to sign on behalf of a company (director/secretary or authorized official) in case of a company acting as an agent and the form should be stamped with the company seal.

The completed form must be sent by post, electronic means or delivered along with supporting documents and prescribed fees to:

**Companies Office of Jamaica
1 Grenada Way
Kingston 5**