

FORM 19B
INSTRUCTIONS ON REVERSE



JAMAICA
THE COMPANIES ACT
 ANNUAL RETURN
 COMPANY NOT HAVING A SHARE CAPITAL
 (Pursuant to sections 123 & 124)

1. NAME OF COMPANY

1A. COMPANY NUMBER

1B. COMPANY TAXPAYER REGISTRATION NUMBER

1C. COMPANY FAX NUMBER

1D. TYPE OF COMPANY:

PRIVATE

PUBLIC

2. LOCATION OF REGISTERED OFFICE

STREET	
TOWN	
POST OFFICE	
PARISH	

2A. MAILING ADDRESS

STREET	
TOWN	
POST OFFICE	
PARISH	

2B. LOCATION OF REGISTER OF MEMBERS IF NOT KEPT AT THE REGISTERED OFFICE

STREET	
TOWN	
POST OFFICE	
PARISH	

3. HAS THERE BEEN A CHANGE OF REGISTERED OFFICE? YES
 NO

3A. IF YES, HAS FORM 17 BEEN FILED
 ATTACHED

4. HAS THERE BEEN A CHANGE OF DIRECTOR (S) ?

YES

NO

4A. IF YES, HAS FORM 23 BEEN

FILED

ATTACHED

5. HAS THERE BEEN AN INCREASE IN THE NUMBER OF REGISTERED MEMBERS? YES
NO

5A. HAS NOTICE BEEN GIVEN TO THE REGISTRAR OF COMPANIES? YES
NO

6. DATE OF LAST ANNUAL RETURN
YEAR MONTH DAY

6A. DATE UP TO WHICH PRESENT ANNUAL RETURN IS MADE
YEAR MONTH DAY

7. TOTAL AMOUNT OF INDEBTEDNESS OF THE COMPANY IN RESPECT OF ALL MORTGAGES AND CHARGES OF THE KIND WHICH ARE REQUIRED TO BE REGISTERED WITH THE REGISTRAR UNDER SECTION 93 OF THE COMPANIES ACT:
\$

8. THE DIRECTORS AND SHADOW DIRECTORS OF THE COMPANY AS OF THE DATE OF THE ANNUAL RETURN WERE:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

[SHADOW DIRECTORS SHOULD BE IDENTIFIED WITH AN ASTERICK (*) BESIDE THEIR NAMES]

9. THE SECRETARY OF THE COMPANY AS OF THE DATE OF THE ANNUAL RETURN WAS:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

10.

I HEREBY CERTIFY THAT THE CONTENTS OF THIS RETURN ARE CORRECT			
DATE	PRINTED NAME	SIGNATURE	CONTACT #
CAPACITY:			
<input type="checkbox"/> DIRECTOR			
<input type="checkbox"/> SECRETARY			
<input type="checkbox"/> AUTHORIZED OFFICIAL			

11. FILED BY

NAME:			
ADDRESS:	STREET		
	TOWN		
	POST OFFICE		
	PARISH		
E-MAIL ADDRESS:			
CONTACT NUMBER:			
FAX NUMBER:			

12. PARTICULARS OF DIRECTORS

NAME OF DIRECTOR	EMAIL ADDRESS	TAX REGISTRATION NUMBER

13. PARTICULARS OF SECRETARY

NAME OF SECRETARY	EMAIL ADDRESS	TAX REGISTRATION NUMBER

“FOR OFFICIAL USE ONLY”		
COMPANY NUMBER: _____		
FILED: _____	/	_____
DAY		MONTH
	/	_____
		YEAR

JAMAICA

THE COMPANIES ACT
ANNUAL RETURNS

COMPANY NOT HAVING A SHARE CAPITAL

FORM 19B

INSTRUCTIONS

GENERAL

This document should indicate in its title its specific purpose and is required to be filed with the Office of the Registrar of Companies and must conform to the requirement under the Act. Where any provision required to be set out is too long for the space provided in the form, the form may incorporate the provisions by annexing a schedule in such manner as may be prescribed under the Act.

ITEMS 1, 1A, 1B, 1C & 1D

- Set out the full legal name of the company.
- Set out Company number assigned by the Registrar of Companies.
- Set out Company Taxpayer Registration Number. (The Company Taxpayer Registration Number will be photocopied by the Registrar of Companies and returned. Individuals may, instead of bringing the Taxpayer Registration Card into the Offices of the Registrar of Companies, provide a certified copy of the same). An Attorney –at – Law, a Justice of the Peace, or a Notary Public may certify the copy of the Taxpayer Registration Number. Where the copy is certified by a Justice of the Peace or a Notary Public they must affix the relevant seal of their office.
- Set out, where applicable the company fax number.
- Indicate whether the company is a private or a public company.

NOTE: Once certified copies of the Taxpayer Registration Number have been supplied to the Registrar of Companies or the Registrar of Companies has seen the original Taxpayer Registration Card and made a copy of the same the company need only affix the number to any documents being subsequently filed.

ITEM 2

Set out in full the location at which the registered office is situated, including the street, and if located in a multi- office building, the relevant room number. The registered office must be an actual physical location and might include the relevant district and parish. However it cannot be a post office box.

ITEMS 2A & 2B

- Set out the mailing address of the company. The mailing address may include a post office box number, if the mailing address is same as the registered office, state 'SAME AS ABOVE AT ITEM 2'
- Set out, where applicable, the location of the register of members if this register is not kept at the registered office.

ITEMS 3 & 3A

Indicate whether the registered office has changed since the last return. If there has been a change indicate whether **Form 17** has been filed or will it be submitted along with the present form. If **Form 17** will be submitted along with the present form put a tick in the box marked attached.

NOTE: A **Form 17** must be filed within 7 days of any change in the situation of registered office. (Section 106 (2))

ITEMS 4 & 4A

Indicate whether there has been a change of directors since the last return. If there has been a change indicate whether **Form 23** has been filed or will it be submitted along with the present form. If **Form 23** will be submitted along with the present form put a tick in the box marked attached.

NOTE: A **Form 23** must be filed where there has been a change of directors. (Section 183 (3))

ITEMS 5 & 5A

Indicate whether there has been an increase in the number of registered members. If there has been an increase indicate whether notice has been given to the Registrar of Companies.

ITEMS 6 & 6A

Indicate the date of the last return filed on behalf of the company and also the date up to, which the present return relates.

ITEM 7

Set out the total amount of indebtedness of the company.

ITEM 8

Set out the names, residential addresses, occupation, nationality and date of appointment of all directors. Also set out the names, residential addresses, occupation and nationality of all shadow directors. (Shadow directors must be identified by an asterisk (*) after their names).

ITEM 9

Set out the name, residential address, occupation, nationality and date of appointment of the company secretary.

ITEM 10

A director, secretary or an authorized officer of the company must certify the accuracy of the contents of the form.

ITEM 11

Set out the name, residential address, telephone number, fax number and email address of the person filing the form with the Registrar of Companies.

ITEM 12

Set out in relation to each director their name, email address and Taxpayer Registration Number. (See instructions at Item 1 above in relation to Taxpayer Registration cards)

ITEM 13

Set out in relation to the secretary their name, email address and Taxpayer Registration Number. (See instructions at Item 1 above in relation to Taxpayer Registration cards)

NOTE:

Where the company making the return is not a private company, or is a private company which is obliged to file accounts this form must be accompanied by a written copy, certified by a director, manager or secretary of the company to be a true copy, of the last balance sheet and profit and loss account laid before the company in a general meeting including every document required by law to be annexed.

THIS FORM AND THE PRESCRIBED FEE AT THE DATE OF FILING SHOULD BE DEPOSITED WITH THE REGISTRAR OF COMPANIES.

**** ANY PERSON WHO WILFULLY MAKES A FALSE STATEMENT KNOWING IT TO BE FALSE IS LIABLE ON CONVICTION TO IMPRISONMENT FOR UP TO TWO YEARS AND/OR A FINE NOT EXCEEDING \$50,000 PURSUANT TO THE PROVISIONS OF SECTION 382 AND THE 9TH SCHEDULE OF THE COMPANIES ACT 2004.**

***** EVERY OFFICER OF THE COMPANY IN DEFAULT OF THE PROVISIONS OF THE COMPANIES ACT IS LIABLE TO THE PRESCRIBED PENALTY AND WHERE NO PENALTY IS PRESCRIBED BY THE RELEVANT SECTION IN THE ACT TO A FINE NOT EXCEEDING \$50,000. (SECTION 384 COMPANIES ACT)**