

**FORM 23  
INSTRUCTIONS ON REVERSE**



**JAMAICA  
THE COMPANIES ACT  
NOTICE OF APPOINTMENT OF/CHANGE OF DIRECTORS**  
(Pursuant to sections 183 (2) & (3))

1. NAME OF COMPANY

1A. COMPANY NUMBER

1B. COMPANY TAXPAYER REGISTRATION NUMBER

1C. COMPANY FAX NUMBER

1D. TYPE OF COMPANY:

PRIVATE

PUBLIC

2. NOTICE IS GIVEN THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, THE FOLLOWING PERSON (S) WAS / WERE APPOINTED DIRECTOR (S)

<b>PARTICULARS OF DIRECTOR # 1</b>			
SURNAME:	CHRISTIAN NAME:	MIDDLE NAME (S):	MAIDEN NAME:
RESIDENTIAL ADDRESS:		OCCUPATION:	
STREET	<input type="text"/>	NATIONALITY:	
TOWN	<input type="text"/>	18 YEARS AND OVER <input type="checkbox"/> UNDER 18 YEARS <input type="checkbox"/>	
POST OFFICE	<input type="text"/>	SEX:	CONTACT #:
PARISH	<input type="text"/>		
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
PRINT NAME	DATE	SIGNATURE	
<b>PARTICULARS OF ANY OTHER DIRECTORSHIP HELD</b>			
ADDRESS OF COMPANY:		NAME OF COMPANY:	
STREET	<input type="text"/>	COMPANY NUMBER:	
TOWN	<input type="text"/>	COMPANY TAXPAYER REGISTRATION NUMBER:	
POST OFFICE	<input type="text"/>		
PARISH	<input type="text"/>		
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
PRINT NAME	DATE	SIGNATURE	

**PARTICULARS OF DIRECTOR # 2**

SURNAME:		CHRISTIAN NAME:	MIDDLE NAME (S) :	MAIDEN NAME:
RESIDENTIAL ADDRESS:			OCCUPATION:	
STREET				
TOWN				
POST OFFICE				
PARISH				
NATIONALITY:			18 YEARS AND OVER <input type="checkbox"/> UNDER 18 YEARS <input type="checkbox"/>	
SEX:		CONTACT # :		

I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).

PRINT NAME

DATE

SIGNATURE

**PARTICULARS OF ANY OTHER DIRECTORSHIP HELD**

ADDRESS OF COMPANY:		NAME OF COMPANY:
STREET		
TOWN		
POST OFFICE		
PARISH		
COMPANY NUMBER:		
COMPANY TAXPAYER REGISTRATION NUMBER:		

I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).

PRINT NAME

DATE

SIGNATURE

<b>PARTICULARS OF DIRECTOR # 3</b>			
SURNAME:	CHRISTIAN NAME:	MIDDLE NAME (S) :	MAIDEN NAME:
<b>RESIDENTIAL ADDRESS:</b>		<b>OCCUPATION:</b>	
STREET		<b>NATIONALITY:</b>	
TOWN		18 YEARS AND OVER <input type="checkbox"/> UNDER 18 YEARS <input type="checkbox"/>	
POST OFFICE		SEX: _____ CONTACT # : _____	
PARISH			
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
_____	_____	_____	
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>	
<b>PARTICULARS OF ANY OTHER DIRECTORSHIP HELD</b>			
<b>ADDRESS OF COMPANY:</b>		<b>NAME OF COMPANY:</b>	
STREET		<b>COMPANY NUMBER:</b>	
TOWN		<b>COMPANY TAXPAYER REGISTRATION NUMBER:</b>	
POST OFFICE			
PARISH			
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
_____	_____	_____	
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>	

3.

<b>PARTICULARS OF DIRECTORS THAT ARE COMPANIES #1</b>		<b>PRIVATE</b> <input type="checkbox"/>	<b>PUBLIC</b> <input type="checkbox"/>
<b>COMPANY NAME:</b>		<b>COMPANY NUMBER:</b>	
<b>LOCATION OF REGISTERED ADDRESS:</b>		<b>PLACE OF INCORPORATION:</b>	
<b>STREET</b>		<b>COMPANY FAX NUMBER :</b>	
<b>TOWN</b>			
<b>POST OFFICE</b>			
<b>PARISH</b>			
<b>COMPANY TAXPAYER REGISTRATION NUMBER</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
<input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
<input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>			

<b>PARTICULARS OF DIRECTORS THAT ARE COMPANIES #2</b>		<b>PRIVATE</b> <input type="checkbox"/>	<b>PUBLIC</b> <input type="checkbox"/>
<b>COMPANY NAME:</b>		<b>COMPANY NUMBER:</b>	
<b>LOCATION OF REGISTERED ADDRESS:</b>		<b>PLACE OF INCORPORATION:</b>	
<b>STREET</b>		<b>COMPANY FAX NUMBER :</b>	
<b>TOWN</b>			
<b>POST OFFICE</b>			
<b>PARISH</b>			
<b>COMPANY TAXPAYER REGISTRATION NUMBER</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>DIRECTOR</b> <b>SECRETARY</b> <b>AUTHORIZED OFFICIAL</b>	
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>DIRECTOR</b> <b>SECRETARY</b> <b>AUTHORIZED OFFICIAL</b>	

<b>PARTICULARS OF DIRECTORS THAT ARE COMPANIES #3</b>		<b>PRIVATE</b> <input type="checkbox"/>	<b>PUBLIC</b> <input type="checkbox"/>
<b>COMPANY NAME:</b>		<b>COMPANY NUMBER:</b>	
<b>LOCATION OF REGISTERED ADDRESS:</b>		<b>PLACE OF INCORPORATION:</b>	
<b>STREET</b>		<b>COMPANY FAX NUMBER :</b>	
<b>TOWN</b>			
<b>POST OFFICE</b>			
<b>PARISH</b>			
		<b>COMPANY TAXPAYER REGISTRATION NUMBER</b>	
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
<input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b>		<b>SEAL:</b>	
<input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>			

4. NOTICE IS GIVEN THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON (S) CEASED TO HOLD OFFICE AS A DIRECTOR

NAME (S)	RESIDENTIAL ADDRESS	OCCUPATION	CONTACT #	REASON FOR CEASING

5. THE DIRECTORS OF THIS COMPANY AS OF THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ ARE:

NAME (S)	RESIDENTIAL ADDRESS	OCCUPATION	CONTACT #

6. THE SHADOW DIRECTORS OF THIS COMPANY AS OF THE \_\_\_\_\_ DAY OF \_\_\_\_\_, ARE:

<b>PARTICULARS OF SHADOW DIRECTOR #1</b>			
SURNAME:	CHRISTIAN NAME:	MIDDLE NAME (S) :	MAIDEN NAME:
<b>RESIDENTIAL ADDRESS:</b>		<b>OCCUPATION:</b>	
STREET		<b>NATIONALITY:</b>	
TOWN		18 YEARS AND OVER <input type="checkbox"/> UNDER 18 YEARS <input type="checkbox"/>	
POST OFFICE		SEX: _____ CONTACT # : _____	
PARISH			
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
_____	_____	_____	
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>	
<b>PARTICULARS OF ANY OTHER DIRECTORSHIP HELD</b>			
<b>ADDRESS OF COMPANY:</b>		<b>NAME OF COMPANY:</b>	
STREET		<b>COMPANY NUMBER:</b>	
TOWN		<b>COMPANY TAXPAYER REGISTRATION NUMBER:</b>	
POST OFFICE			
PARISH			
<b>I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).</b>			
_____	_____	_____	
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>	

**PARTICULARS OF SHADOW DIRECTOR #2**

SURNAME:		CHRISTIAN NAME:	MIDDLE NAME (S) :	MAIDEN NAME:
RESIDENTIAL ADDRESS:			OCCUPATION:	
STREET			NATIONALITY:	
TOWN			18 YEARS AND OVER <input type="checkbox"/>	
POST OFFICE			UNDER 18 YEARS <input type="checkbox"/>	
PARISH			SEX:	CONTACT # :

I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).

PRINT NAME

DATE

SIGNATURE

**PARTICULARS OF ANY OTHER DIRECTORSHIP HELD**

ADDRESS OF COMPANY:		NAME OF COMPANY:
STREET		
TOWN		COMPANY NUMBER:
POST OFFICE		
PARISH		COMPANY TAXPAYER REGISTRATION NUMBER:

I AM / NOT AN EMPLOYEE OF THE COMPANY OR ITS AFFILIATES (Section 172 (1) of the Companies Act 2004).

PRINT NAME

DATE

SIGNATURE

7.

<b>PARTICULARS OF SHADOW DIRECTORS THAT ARE COMPANIES #1 PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/></b>			
COMPANY NAME:		COMPANY NUMBER:	
LOCATION OF REGISTERED ADDRESS:		PLACE OF INCORPORATION:	
<b>STREET</b>		COMPANY FAX NUMBER :  COMPANY TAXPAYER REGISTRATION NUMBER	
<b>TOWN</b>			
<b>POST OFFICE</b>			
<b>PARISH</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b> <input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>		<b>SEAL:</b>	
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b> <input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>		<b>SEAL:</b>	

<b>PARTICULARS OF SHADOW DIRECTORS THAT ARE COMPANIES #2 PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/></b>			
COMPANY NAME:		COMPANY NUMBER:	
LOCATION OF REGISTERED ADDRESS:		PLACE OF INCORPORATION:	
<b>STREET</b>		COMPANY FAX NUMBER :  COMPANY TAXPAYER REGISTRATION NUMBER	
<b>TOWN</b>			
<b>POST OFFICE</b>			
<b>PARISH</b>			
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b> <input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>		<b>SEAL:</b>	
<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>CONTACT #</b>
<b>CAPACITY:</b> <input type="checkbox"/> <b>DIRECTOR</b> <input type="checkbox"/> <b>SECRETARY</b> <input type="checkbox"/> <b>AUTHORIZED OFFICIAL</b>		<b>SEAL:</b>	

<b>PARTICULARS OF SHADOW DIRECTORS THAT ARE COMPANIES #3 PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/></b>									
COMPANY NAME:	COMPANY NUMBER:								
LOCATION OF REGISTERED ADDRESS:	PLACE OF INCORPORATION:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">STREET</td> <td></td> </tr> <tr> <td>TOWN</td> <td></td> </tr> <tr> <td>POST OFFICE</td> <td></td> </tr> <tr> <td>PARISH</td> <td></td> </tr> </table>	STREET		TOWN		POST OFFICE		PARISH		COMPANY FAX NUMBER :
STREET									
TOWN									
POST OFFICE									
PARISH									
	COMPANY TAXPAYER REGISTRATION NUMBER								

DATE	PRINTED NAME	SIGNATURE	CONTACT #

<b>CAPACITY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> AUTHORIZED OFFICIAL	<b>SEAL:</b>
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DATE	PRINTED NAME	SIGNATURE	CONTACT #

<b>CAPACITY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> AUTHORIZED OFFICIAL	<b>SEAL:</b>
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8.

DATE	PRINTED NAME	SIGNATURE	CONTACT #

<b>CAPACITY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SECRETARY <input type="checkbox"/> AUTHORIZED OFFICIAL	
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9. FILED BY

<b>NAME:</b>			
<b>ADDRESS:</b>	<b>STREET</b>		
	<b>TOWN</b>		
	<b>POST OFFICE</b>		
	<b>PARISH</b>		
<b>E-MAIL ADDRESS:</b>			
<b>CONTACT NUMBER:</b>			
<b>FAX NUMBER:</b>			

10. PARTICULARS OF DIRECTORS

NAME OF DIRECTOR	EMAIL ADDRESS	TAX REGISTRATION NUMBER

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