

FORM 31
INSTRUCTIONS ON REVERSE



COMPANIES ACT OF JAMAICA
PARTICULARS OF OVERSEAS COMPANY
(Pursuant to sections 363 (1) (b), (3), 365 (1) (C))

1. NAME OF COMPANY

1A. COMPANY NUMBER 1B. COMPANY TAXPAYER REGISTRATION NUMBER

1C. PLACE OF INCORPORATION

1D. COMPANY FAX NUMBER 1E. PRIVATE PUBLIC

2. LOCATION OF REGISTERED OFFICE

STREET	<input type="text"/>
TOWN	<input type="text"/>
POST OFFICE	<input type="text"/>
PARISH/ COUNTRY	<input type="text"/>

2A. MAILING ADDRESS

STREET	<input type="text"/>
TOWN	<input type="text"/>
POST OFFICE	<input type="text"/>
PARISH/ COUNTRY	<input type="text"/>

3. LOCATION OF ESTABLISHED PLACE OF BUSINESS IN JAMAICA

STREET	<input type="text"/>
TOWN	<input type="text"/>
POST OFFICE	<input type="text"/>
PARISH	<input type="text"/>

3A. MAILING ADDRESS IN JAMAICA

NAME	
STREET	
STATE	
POST CODE	
PARISH/ COUNTRY	

4. NAME AND ADDRESS OF AGENT AUTHORIZED TO ACCEPT SERVICE OF PROCESS

NAME	
STREET	
TOWN	
POST OFFICE	
PARISH	
CONTACT #	
FAX #	
EMAIL ADDRESS	

5. NAME AND ADDRESS OF AGENT AUTHORIZED TO ACCEPT SERVICE OF PROCESS (WHERE THERE HAS BEEN A CHANGE)

NAME	
STREET	
TOWN	
POST OFFICE	
PARISH	
CONTACT #	
FAX #	
EMAIL ADDRESS	
DATE OF CHANGE	

6. THE DIRECTORS AND SHADOW DIRECTORS OF THE COMPANY ARE:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

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

6A. THE NAME OF THE COMPANY SECRETARY IS:

NAME	ADDRESS	OCCUPATION	NATIONALITY	DATE OF APPOINTMENT

7.

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

8. FILED BY

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

9. PARTICULARS OF PERSON WHO SIGNED AT ITEM 6 ABOVE

NAME	EMAIL ADDRESS	TAX REGISTRATION NUMBER

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

JAMAICA
THE COMPANIES ACT
NOTICE OF ADDRESS OF REGISTERS

FORM 31

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 the place of incorporation.
- 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.

ITEM 2A

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’

ITEM 3

Set out in full the location where the established place of business in Jamaica 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.

ITEM 3A

Set out the mailing address of the established place of business in Jamaica. The mailing address may include a post office box number, if the mailing address is same as the established place of business in Jamaica, state ‘SAME AS ABOVE’

ITEM 4

Set out the name, address, telephone number, fax number and email address of an agent in Jamaica who is authorized to accept process on behalf of the company.

ITEM 5

Set out the name, address, telephone number, fax number and email address of an agent in Jamaica who is authorized to accept process on behalf of the company where there has been a change in the person registered as agent. The effective date of the change must also be stated.

ITEM 6

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 * after their names).

NOTE: A shadow director means a person in accordance with whose directions or instructions the directors of the company are accustomed to act. A person is not deemed a shadow director by reason only that the directors act on advice given by him in a professional capacity.

ITEM 6A

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

ITEM 7

A director, secretary or other authorized officer of the company shall sign the form. This form must be dated.

ITEM 8

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 9

Set out the name, email address and Taxpayer Registration Number of the person who signed at item 6 above. (See instructions at Item 1 above in relation to Taxpayer Registration cards)

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

***** 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)**