

Amended Return **Year(s):** _____
 If, the return for the year above was registered in error, please indicate the reason(s) for amendment in this box:



THE COMPANIES ACT
ANNUAL RETURN FOR OVERSEAS COMPANIES
 (Pursuant to section 363 of the Companies Act 2004)

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

1A. NAME OF COMPANY		
_____		The name here must be consistent with the most recent company name of which the Registrar was validly notified during the period applicable to the period of the Annual Return.

1B. COMPANY REGISTRATION NUMBER	1C. COMPANY TAXPAYER REGISTRATION NUMBER	
_____	_____	
1D. PLACE OF INCORPORATION		
_____		This refers to place where the company was originally incorporated.
1E. COMPANY TELEPHONE NUMBER	1F. EMAIL ADDRESS	1G. TYPE OF COMPANY
_____	_____	<input type="checkbox"/> Private <input type="checkbox"/> Public

2. PERIOD FOR WHICH ANNUAL RETURN IS MADE UP							
(I) START	DAY	MONTH	YEAR	(II) END	DAY	MONTH	YEAR

3. LOCATION OF ESTABLISHED PLACE OF BUSINESS IN JAMAICA	
STREET OR DISTRICT	
TOWN	
POST OFFICE	
PARISH	
3A. MAILING ADDRESS (if different from the established place of business)	
STREET OR DISTRICT	
TOWN	
POST OFFICE	
PARISH	

4. HAS THERE BEEN A CHANGE IN THE ESTABLISHED PLACE OF BUSINESS DURING THE PERIOD FOR WHICH THE ANNUAL RETURN IS MADE UP? (If yes, notice must be given to the Registrar using a Form 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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5. HAS THERE BEEN A CHANGE OF AUTHORISED AGENT FOR SERVICE OF PROCESS? (If yes, notice must be given to the Registrar using a Form 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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6. HAS THERE BEEN ANY CHANGE IN DIRECTORSHIP (REMOVALS/APPOINTMENTS) DURING THE PERIOD FOR WHICH THE ANNUAL RETURN IS MADE UP? (If yes, notice must be given to the Registrar using a Form 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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F19C FOR OFFICIAL USE ONLY COMPANY #:
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7. PARTICULARS OF DIRECTORS

DIRECTOR 1 (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

FULL NAME			
FULL ADDRESS or REGISTERED OFFICE ADDRESS	STREET/DISTRICT		
	TOWN	POST OFFICE/POSTAL CODE	
	PARISH/COUNTY/STATE/PROVINCE	COUNTRY	
OCCUPATION		CONTACT	

DIRECTOR 2 (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

FULL NAME			
FULL ADDRESS or REGISTERED OFFICE ADDRESS	STREET/DISTRICT		
	TOWN	POST OFFICE/POSTAL CODE	
	PARISH/COUNTY/STATE/PROVINCE	COUNTRY	
OCCUPATION		CONTACT	

DIRECTOR 3 (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

FULL NAME			
FULL ADDRESS or REGISTERED OFFICE ADDRESS	STREET/DISTRICT		
	TOWN	POST OFFICE/POSTAL CODE	
	PARISH/COUNTY/STATE/PROVINCE	COUNTRY	
OCCUPATION		CONTACT	

DIRECTOR 4 (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

FULL NAME			
FULL ADDRESS or REGISTERED OFFICE ADDRESS	STREET/DISTRICT		
	TOWN	POST OFFICE/POSTAL CODE	
	PARISH/COUNTY/STATE/PROVINCE	COUNTRY	
OCCUPATION		CONTACT	

_____ Continuation page(s) attached

8. PARTICULARS OF COMPANY SECRETARY (Where the secretary is an individual the name must be represented as FIRST MIDDLE LAST (Where one of the named directors has been identified as the company secretary, this item does not need to be completed.)

FULL NAME			
FULL ADDRESS or REGISTERED OFFICE ADDRESS	STREET/DISTRICT		
	TOWN	POST OFFICE/POSTAL CODE	
	PARISH/COUNTY/STATE/PROVINCE	COUNTRY	
OCCUPATION		CONTACT	

9A. LIST OF CURRENT MEMBERS WHO ARE NATURAL INDIVIDUALS

If any member with shares is not also the beneficial owner of all those shares, then ITEM 8B7B MUST be completed.

Members are those legal persons whose names have been entered in the company's register of members. In a company with shares, these persons will also tend to be shareholders.
Beneficial owners are natural individuals who enjoy and have a right to the benefits of ownership of the shares, e.g. the rights to dividends. The legal shareholder may be the beneficial owner of **ALL**, **SOME** or **NONE** of the shares.

MEMBER 1

NAME (For individuals: FIRST LAST)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
1.				1	
				2	
This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input type="checkbox"/> NO					

MEMBER 2

NAME (For individuals: FIRST LAST)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
2.				1	
				2	
This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input type="checkbox"/> NO					

MEMBER 3

NAME (For individuals: FIRST LAST)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
3.				1	
				2	
This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input type="checkbox"/> NO					

_____ Continuation page(s) attached

9B . PARTICULARS WHERE INDIVIDUAL SUBSCRIBER(S) IS/ARE NOT THE BENEFICIAL OWNER(S) OF ALL THE SHARES HELD

This item MUST be completed if any member with shares identified at item 7A is not also the beneficial owner of all the shares which they hold

Members are those legal persons whose names have been entered in the company's register of members. In a company with shares, these persons will also tend to be shareholders.
Beneficial owners are natural individuals who enjoy and have a right to the benefits of ownership of the shares, e.g. the rights to dividends. The legal shareholder may be the beneficial owner of **ALL, SOME** or **NONE** of the shares.

NAME OF SHAREHOLDER (SHAREHOLDER 1)					
NAME OF BENEFICIAL OWNER(S)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
1A.					
1B.					

NAME OF SHAREHOLDER (SHAREHOLDER 2)					
NAME OF BENEFICIAL OWNER(S)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
2A.					
2B.					

NAME OF SHAREHOLDER (SHAREHOLDER 3)					
NAME OF BENEFICIAL OWNER(S)	ADDRESS	NATIONALITY	OCCUPATION	CLASS(ES) OF SHARES	NUMBER OF SHARES
3A.					
3B.					

_____ Continuation page(s) attached

10. LIST OF CURRENT MEMBERS WHO ARE COMPANIES

If a company is a shareholder, then the beneficial owner(s) of this corporate shareholder must be specified. A beneficial owner of a company is a natural individual who meets the criteria as specified below.

Members are those legal persons whose names have been entered in the company's register of members. In a company with shares, these persons will also tend to be shareholders.
Beneficial owners are natural individuals who enjoy and have a right to the benefits of ownership of the shares, e.g. the rights to dividends

NAME OF COMPANY 1	ADDRESS	CLASS(ES) OF SHARES	NUMBER OF SHARES
		1	
		2	

BENEFICIAL OWNER(S) OF COMPANY

NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION

RELATIONSHIP TO COMPANY
 Has more than ___% of issued shares
 Has more than ___% of voting rights
 Has ability to appoint or remove majority of the board of directors
 Other _____

NAME OF COMPANY 2	ADDRESS	CLASS(ES) OF SHARES	NUMBER OF SHARES
		1	
		2	

BENEFICIAL OWNER(S) OF COMPANY

NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION

RELATIONSHIP TO COMPANY
 Has more than ___% of issued shares
 Has more than ___% of voting rights
 Has ability to appoint or remove majority of the board of directors
 Other _____

NAME OF COMPANY 3	ADDRESS	CLASS(ES) OF SHARES	NUMBER OF SHARES
		1	
		2	

BENEFICIAL OWNER(S) OF COMPANY

NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION

RELATIONSHIP TO COMPANY
 Has more than ___% of issued shares
 Has more than ___% of voting rights
 Has ability to appoint or remove majority of the board of directors
 Other _____

_____ Continuation page(s) attached

F19C FOR OFFICIAL USE ONLY COMPANY #:

11. NAME AND ADDRESS OF AGENT AUTHORISED TO ACCEPT PROCESS IN JAMAICA

NAME OF AGENT	
STREET OR DISTRICT	
TOWN	
POST OFFICE	
PARISH	
CONTACT NUMBER	
EMAIL/FAX	

12. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT			
CAPACITY	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official		
SIGNATURE		DATE	

**8. FILED BY
PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA**

NAME:
COMPLETE ADDRESS:
EMAIL ADDRESS:
CONTACT NUMBER:
FAX NUMBER

9. ADDITIONAL PARTICULARS OF DIRECTORS LISTED AT ITEM 7.

NAME OF DIRECTOR	TAXPAYER REGISTRATION NUMBER	EMAIL

10. PARTICULARS OF AUTHORISED AGENT LISTED AT ITEM 7.

NAME OF AUTHORISED AGENT	TAXPAYER REGISTRATION NUMBER	EMAIL