



FORM 19E – A

(COMPANIES WITH SHARE CAPITAL)



READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA STATUS QUO ANNUAL RETURN DECLARATION FORM FOR COMPANIES WITH SHARE CAPITAL

(Pursuant to sections 121 & 122 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.

Note 1: Filing this form does not satisfy any obligation to file a financial statement

Note 2: This form cannot be used if there has been a change in the company's information which is required to be presented in an annual return

1A. NAME OF COMPANY	The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate applicable to the period of the Annual Return.		
1B. TYPE OF COMPANY	Private	Public	
1C. COMPANY REGISTRATION NUMBER			
1D. COMPANY TAXPAYER REGISTRATION NUMBER			
1E. COMPANY TELEPHONE NUMBER		1F. COMPANY EMAIL ADDRESS	
1G. REPORTING YEAR			

2. COMPANY STATUS QUO

The above named company hereby declares that:

2A. There have been no changes in –

<u>SHARE RELATED MATTERS</u>	<u>OFFICERS, BENEFICIAL OWNERS AND MEMBERS</u>	<u>REGISTERED OFFICE</u>	<u>REGISTERS KEPT BY THE COMPANY</u>
i. the shareholding of the company and beneficial ownership of shares in the company; or ii. classes of shares the company is authorized to issue; or iii. the maximum number of shares the company is authorized to issue in each class; or	i. The Secretary; or ii. The Directors; or iii. The PEP status of the beneficial owner(s) and member(s)	i. The location of the registered office; or	i. The location of the Register of Members, Beneficial Owner(s) of shares, debenture holders, director's service contracts and shareholding;

2B. And further declares that:

<p><u>INDEBTEDNESS</u> All charges that are required to be filed under the Companies Act have been filed; and</p> <p><u>PRIVATE COMPANY: CERTIFICATES TO BE SIGNED</u> The company, if a private company, is still authorized to sign the following certificates pursuant to section 125 of the Companies Act; and</p> <p style="text-align: center;">CERTIFICATE A CERTIFICATE B CERTIFICATE C CERTIFICATE D</p> <p><u>BENEFICIAL OWNERSHIP (PLEASE CHOOSE ONE)</u> The beneficial owner(s) is/are the same as the legal shareholder(s). The beneficial owner(s) is/are different from the legal shareholder(s) and the information has been submitted to the Registrar as required.</p>	<p style="text-align: center;"><u>NOTES FOR CERTIFICATES</u></p> <p>Private companies must sign Certificate A & Certificate B along with Certificate C and/or D, if applicable.</p> <ul style="list-style-type: none"> Certificate C if the company has more than 20 shareholders and the excess is composed of persons who are employed by the company or became members when in the employment of the company. Certificate D if the company does not have another company as a shareholder or has another company as a shareholder that is not required to file Financial Statements.
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FOR OFFICIAL USE ONLY COMPANY #:



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3. 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.

EXECUTION BY NATURAL PERSONS

NAME OF OFFICER	
CAPACITY	Director Secretary Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

OR

EXECUTION BY OFFICERS WHO ARE COMPANIES

NAME OF CORPORATE OFFICER	
CAPACITY OF CORPORATE OFFICER	Director Secretary Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

NAME OF SIGNING OFFICER OF COMPANY	
CAPACITY OF SIGNING OFFICER	Director Secretary Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	



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4. PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA.

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

5. ADDITIONAL PARTICULARS OF DECLARANT OFFICER IDENTIFIED AT ITEM 3.

NAME OF OFFICER (first then last)	TAXPAYER REGISTRATION NUMBER <small>(WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)</small>	EMAIL	CONTACT NUMBER