



FORM 19E – B

(COMPANIES LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)



READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA STATUS QUO ANNUAL RETURN DECLARATION FORM FOR COMPANIES LIMITED BY GUARANTEE WITHOUT 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 there have been no changes in the:

OFFICERS, BENEFICIAL

OWNERS AND MEMBERS

- I. The Secretary; or
- II. The Directors; or
- III. The beneficial owner(s) and member(s)

REGISTERED OFFICE

- IV. The location of the registered office; of or

REGISTERS KEPT BY THE COMPANY

- V. The location of the Register of Members, Beneficial Owner(s) and Directors' Service Contract;

3. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

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

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

FOR OFFICIAL USE ONLY COMPANY #:



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4. INFORMATION: 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